



Rochester Police Department Volunteer/Student Intern Application, RPD 1323

POSITION APPLYING FOR:

VOLUNTEER

STUDENT INTERNSHIP

PAC-TAC (Police and Citizens Together Against Crime)

Friendly Visitor to Animals (min 12-15 yrs require parental supervision)

CVRT (Community Volunteer Response Team)

Administrative

Other

Name: _____
first mi last maiden

Date of Birth: _____ Soc. Sec. # _____ Male Female

Current Address: _____
street city state zip code how long at this address

Permanent Address: _____
street city state zip code how long at this address

Previous Address (Last 5 years):

Phone #: _____ Pager or Cell Phone #: _____

E-Mail Address: (indicate only if accessed regularly) _____

In case of emergency please notify:

Name	Relationship	Phone #

Type of transportation you will use: _____

Have you ever been convicted of a Crime? Yes No If yes, please explain: _____

(Continue on back if necessary)

EDUCATION BACKGROUND:

School Attended(ing): _____ Major: _____
(if applicable)

Minor: _____ Date Diploma received or expected: _____
(if applicable)

MILITARY SERVICE:

Branch: _____ Rank: _____ Time Served: _____ Discharged _____

EMPLOYMENT HISTORY:

Employer: _____ Occupation: _____ How Long: _____

Business Address: _____ Phone #: _____

Previous Employment: (Please include firm name, address, supervisor, dates)

VOLUNTEER BACKGROUND: Previous Volunteer Services (include organizations, and dates)

SKILLS:

Indicate clerical, computer (be specific), working with youth, communication-verbal, written, etc.

BRIEFLY state why you would like to volunteer/intern with the Rochester Police Department and what you hope to gain from the experience. _____

REFERENCES:

Name	Address	Phone #	Relationship
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

SPECIAL LIMITATIONS AND CONDITIONS: _____

AVAILABILITY: (list time of day)

Monday _____
Tuesday _____
Wednesday _____

Thursday _____
Friday _____
Saturday _____
Sunday _____

I certify that the above information is correct to the best of my knowledge.
I understand that a criminal background check will be performed on all student interns and volunteers.
I understand that I may be terminated if the department becomes aware of criminal history while I am interning/volunteering.
I understand the commitment involved and acknowledge that my services are offered at my own risk.
I agree to adhere to the Volunteer/Student Intern policies and carry out my duties as a volunteer/student intern effectively.
I understand that my participation in this program does not make me an employee of the City of Rochester and I release the City of Rochester, its officers, agents, employees and any third party organization from any and all liability for any claims of injury or damage of any kind whatsoever, as a result of my participation as a volunteer/student intern.
I understand that I am not entitled to any benefits of employment including workmen's compensation.
I will maintain confidentiality of police information.
I will not represent myself as an employee of the Rochester Police Department.

Signed: _____

Date: _____

And (If under 16) I understand the above terms and give permission for my child to volunteer with the Rochester Police Department

Parent Signature: _____

Date: _____

The Rochester Police Department recommends that Animal Control Services volunteers be current on their Tetanus Vaccination.

Return to: Anne Powless, Volunteer Coordinator
Rochester Police Department
185 Exchange Blvd.
Rochester, NY 14614

For office use only

Record check By: _____

Date: _____

Date of Training or Orientation: _____

ASSIGNED TO:

Section/Unit: _____ Supervisor: _____

Starting Date: _____ Ending Date: _____

Days: _____ Time: _____