

For County Use Only:

	Initial	Date
CH:	_____	_____
RC:	_____	_____
DH:	_____	_____



Volunteer Application

Personal Information

Last Name:	First Name:	Middle Name:	E-mail Address:	
Street Address:		City:	State:	Zip Code:
Home Phone Number:		Work Phone Number:	Cellular Phone Number:	
Best way to contact you (home, work, cell):		When will you be available to volunteer?		
Are you a Citizens Police Academy graduate?*			If yes, when:	
If yes, CPA or Senior CPA?			If yes, class number (if known):	

*Graduation from CPA or Senior CPA is a requirement for volunteering.

Personal History

Date of Birth:	Place of Birth:	Social Security Number:	Driver's License Number:
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Education and/or Special Training

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Work Experience

Employer Name:	Job Title:	Dates Employed:		
		From:		
		To:		
Type of Job:				
Work Performed:				

Work Experience (continued)

Employer Name:	Job Title:	Dates Employed: From: To:		
Type of Work:				
Work Performed:				

Please indicate the volunteer opportunities in which you are interested:

<input type="checkbox"/> Customer Service Assistance	<input type="checkbox"/> Chaplain Program	<input type="checkbox"/> Special Events Assistance
<input type="checkbox"/> Fleet Management Assistance	<input type="checkbox"/> Reserve Deputy Sheriff	<input type="checkbox"/> Community Outreach Assistance
<input type="checkbox"/> Records Department Assistance	<input type="checkbox"/> Motorists Assistance	<input type="checkbox"/> Explorer Program
<input type="checkbox"/> Clerical Assistance	<input type="checkbox"/> Foreign Language Interpretation	<input type="checkbox"/> Courtesy Patrol
<input type="checkbox"/> Logistical Support Assistance	<input type="checkbox"/> Supply Room Assistance	<input type="checkbox"/> Academy Role Player

Emergency Contact Information (please list at least two)

Name:	Phone Numbers (cell/work/home):	Address (if different from applicant:	Relationship to applicant:

Agreement

The facts set forth in my application to volunteer are true and complete. I understand that false statements on this application shall be considered sufficient cause for withdrawal of my request to volunteer with the Hanover County Sheriff's Office. I understand that this information is for use by Hanover County and will be safeguarded against unauthorized disclosure to any agency or individual. I understand that, with the exception of Reserve Deputy Sheriffs, volunteers are not sworn officers. By asking to participate in the Hanover County Sheriff's Office Volunteer Program, I request the Sheriff's Office to run criminal history, records, and driver's license checks on me annually.

BY SIGNING BELOW, I certify that I have read and agree with these statements.

Applicant's Signature

Date

Printed Name

HANOVER COUNTY SHERIFF'S OFFICE

VOLUNTEER AGREEMENT & RELEASE OF LIABILITY

I seek the opportunity to become a volunteer for the Hanover County Sheriff's Office and learn about local government functions through active participation in governmental activities. I understand I will not be paid for my time or services, I am not an employee of the Hanover County Sheriff's Office, and I may not represent myself as anything other than a volunteer for the Hanover County Sheriff's Office.

I understand that in the course of my volunteer work, I may obtain or be presented with confidential information, particularly during any volunteer work within the Hanover County Sheriff's Office. I agree to keep confidential any knowledge I may have relating to any cases, suspects, victims, or other confidential information of any kind. I understand that violation of this agreement could jeopardize an investigation or the safety of others. I will not discuss any aspect of Sheriff's Office work with anyone other than authorized Sheriff's Office personnel.

I understand that only official representatives of the Hanover County Sheriff's Office are authorized to make statements to the media, and I agree not to make any statements to the media concerning information I have obtained during or as a result of my volunteer work.

In consideration of this opportunity, I acknowledge, understand, and accept all risks to which I may be exposed during the course of my volunteer work, and I agree on behalf of myself, my family, my heirs, and my administrators, to waive any and all claims, actions, demands, causes of action, or damages or any kind or nature, including but not limited to any foreseen or unforeseen personal injury, death, or other losses or damages to my personal property or vehicle against the Hanover County Sheriff's Office, its employees, agents, or officers, acting officially or otherwise, regardless of whether or not said harm or injury occurs through the negligence, misfeasance, or malfeasance on the part of the Hanover County Sheriff's Office or any of its employees or officers, which may arise out of or in connection with any aspect of my volunteer work for the Hanover County Sheriff's Office.

I am seeking the opportunity to become a volunteer for the Hanover County Sheriff's Office voluntarily, and no promises, agreements, or other inducements have been made. I understand that the Hanover County Sheriff's Office will rely on this statement by me, and that the terms of this agreement are contractual in nature and specifically designed to protect the Hanover County Sheriff's Office, its employees, agents, and officers. I understand that I may terminate my agreement to volunteer for the Hanover County Sheriff's Office at any time, and that the Hanover County Sheriff's Office may also terminate this agreement at any time.

I have read the above statement and understand it. I have obtained any legal advice I believe I may need prior to signing this document, and I sign this document freely and voluntarily.

Signed this ___ day of _____, 20__.

Volunteer's signature

Volunteer's name (printed)

State of Virginia, County of Hanover.

On this _____ day of _____, 20__,

Name

Whose name is signed to the foregoing instrument, personally appeared before me, acknowledged the foregoing signature to be his, and having been duly sworn by me, made oath that the statements made in the said instrument are true.

My Commission Expires _____

Notary Public

Hanover County Sheriff's Office

Volunteer Program



Code of Conduct

As a member of the Volunteer Program, it is my responsibility to become thoroughly familiar with the Hanover County Sheriff's Office Policies and Procedures, both written and verbal.

To respect and protect the confidentiality of all information relating to the County of Hanover.

To be prompt and reliable in reporting for scheduled work and to carry out assignments to the best of my ability. When in question of a situation to seek assistance from authorized department personnel.

To respect and comply with the Chain of Command and maintain a professional and pleasant working relationship with all department staff and volunteers.

To attend training sessions as scheduled and to undertake continuing education to maintain the level of service required by the Hanover County Sheriff's Office.

To uphold the professional demeanor of law enforcement specifically the Hanover County Sheriff's Office. To remain courteous and helpful at all times.

To exercise caution when acting on the County's behalf in any situation.

To maintain a responsible reputation, both on and off duty, as well as promote a positive image of the Hanover County Sheriff's Office.

Signature: _____ Date: _____

Volunteer
Coordinator: _____ Date: _____