



# VOLUNTEER APPLICATION

JOHN E. BROOKS, CHIEF OF POLICE



## **Program Description:**

Citizen Volunteer Patrol (CVP) is a volunteer program developed to meet the changing needs of the community and to further promote the City's Philosophy of Community Oriented Policing. CVP volunteers shall support and assist the Sunrise Police Department and the community in improving the overall quality of life for residents. The CVP program is designed to aid in the reduction of crime within our community, strengthen the relationship between the community and the Department, and promote effective line of communication throughout the community to achieve safety and security within our neighborhoods.

## **CVP Eligibility:**

**Personnel eligible to participate in the** Citizen Volunteer Patrol (CVP) will include non-sworn, unarmed, uniformed or non-uniformed, unpaid members who perform tasks, which do not require law enforcement certification To be eligible, participants must be 21 years of age or older and reside or own a business within the City of Sunrise. Excluded from participation in the program are employees of the City of Sunrise.

## **Qualifications for Citizen Volunteers:**

- Ability to communicate effectively with staff and the general public
- Must be able to speak clearly and have good telephone manners
- Legible handwriting or printing is a must
- Be able to read maps and give clear directions
- Typing skill would be helpful, along with data entry skills
- Must be dependable

Volunteers will receive on-the-job training.

**All information within the Sunrise Police Department is kept confidential.**

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Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ DL#: \_\_\_\_\_

List any other names you have used in the past: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer's Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

\*\*If not currently employed, provide your most recent previous employer

Previous Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer's Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact (Name, relationship, Phone): \_\_\_\_\_

Personal References (Names and contact numbers): \_\_\_\_\_

List all of the individuals you currently reside with (Name, sex, race and date of birth for each):

Do you have any previous police experience? \_\_\_\_\_

Have you ever been arrested? \_\_\_\_\_ (If yes, explain) \_\_\_\_\_

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Please explain briefly why you desire to be come a police department volunteer:

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CHECK EACH AREA OF INTEREST: Clerical \_\_\_ Filing \_\_\_ Records \_\_\_

Public Relations / Services \_\_\_ Data Entry \_\_\_ Data Analysis \_\_\_ Property \_\_\_

Fingerprinting / ID \_\_\_ Typing \_\_\_ Training \_\_\_ Telephone Messages \_\_\_

Backgrounds / Selections \_\_\_ Citizen Volunteer Patrol \_\_\_ Other \_\_\_

Special Skills / Hobbies (list in detail any areas that may be utilized to assist the Police Dept.

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Do you speak a foreign language? \_\_\_\_\_ Language(s) \_\_\_\_\_

Do you write a foreign language? \_\_\_\_\_ Language(s) \_\_\_\_\_

Do you read a foreign language? \_\_\_\_\_ Language(s) \_\_\_\_\_

I hereby certify that the information contained in this application is true and complete to the best of my knowledge. I am aware that should an investigation disclose any misrepresentation, falsification, or omission, I will be disqualified from the Volunteer Program of the Sunrise Police Department. I further understand that this is not an application for employment and do not expect payment for reimbursement fro the City of Sunrise for services rendered. I have read and fully understand the above instructions and hereby authorize the Police Department to conduct a complete background investigation to include a Criminal History check.

\_\_\_\_\_  
Print

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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## Authorization for Emergency Medical Treatment

The following information is needed by any hospital or practitioner not having access to your medical history in case of an accident while volunteering your services with the City of Sunrise.

Name: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications being taken: \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

Physical impairments: \_\_\_\_\_

Any surgeries(dates): \_\_\_\_\_

Family Physician (name and phone number): \_\_\_\_\_

The above information has voluntarily been given to the City of Sunrise in the event I sustain an injury while service the City of Sunrise in a voluntary capacity and is to be released to the attending hospital or licensed physician.

\_\_\_\_\_  
Print

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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## Liability Disclaimer Form

The undersigned does hereby request permission to participate in the Sunrise Police Department Volunteer Program. I understand that I must comply with all orders and instructions given by personnel in authority. I realize that I may be exposed to physical harm or injury and I freely and voluntarily accept all risks inherent in working with a law enforcement agency.

WHEREFORE, in consideration of acceptance into the Sunrise Police Department's Volunteer Program, I hereby agree to hold the Sunrise Police Department, the City of Sunrise, its employees, agent and servants harmless from all liability to me for personal injury or property damage or loss sustained during the time I may be in the capacity of volunteer, as aforesaid.

\_\_\_\_\_

State of Florida - County of Broward

Sworn to and subscribed before me  
this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, who  
is personally known or provided  
\_\_\_\_\_ (type of ID) as proof  
of identification.

\_\_\_\_\_  
Notary Public - Signature



Notary Public - Stamp

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## Authorization to Release Information

As an applicant for a position with the City of Sunrise Police Department, I hereby authorize inquires regarding my past employment record including, but not limited to, attendance, job performance, disciplinary records and reason for termination.

I hereby release you, your organization or others from any liability or damage, which may result from furnishing the information requested. You may contact me as indicated below, should there be any question as to the validity of this release.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Signature: \_\_\_\_\_