



Volunteer Application

POLICE DEPARTMENT

101 East Kansas
Liberty, Missouri 64068

Phone: 816-439-4715 Fax: 816-439-4745

NOTICE TO APPLICANTS:

The City of Liberty welcomes your volunteer application. Complete this application carefully and completely. This information will aid us in evaluating your qualifications. The City of Liberty welcomes all qualified applicants without regard to their race, color, religion, gender, national origin, age, marital status, medical condition or disability. All volunteer opportunities are conditional upon successfully passing all appropriate pre-screening processes.

Name: _____

Volunteer opportunity for which you are applying: _____

Are you 21 years of age or older? (circle one) YES NO

Note: Volunteers within the police department must be at least 21 years of age.

To learn more about the City of Liberty, please visit us at www.ci.liberty.mo.us

Police Department use only:

Received by: _____ Date: _____

PERSONAL INFORMATION

Name: _____
Last First Middle

Address: _____
Street Apt. Number

_____ *City State Zip*

Phone Number: _____
Home Business Cell

Social Security number _____

Have you ever worked or volunteered for the City of Liberty before? Yes No

If yes, reason for leaving? _____

How did you hear about the City of Liberty's volunteer opportunities?

Newspaper Friend

Internet/Web Page Organization/Web Page

Employee Other

Are you related to a current City employee Yes No Name _____

WORK HISTORY – Include paid and volunteer experience for the past ten years.

Most Recent Employer	
Company/Organization	Telephone
Address	Employed (State Month/Year) From _____ To _____
Name of supervisor _____ May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Salary \$ _____ Hourly / Monthly / Yearly
Your job title	
List your primary duties:	
Reason for leaving:	

Second Recent Employer	
Company/Organization	Telephone
Address	Employed (State Month/Year) From _____ To _____
Name of supervisor _____ May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Salary \$ _____ Hourly / Monthly / Yearly
Your job title	
List your primary duties:	
Reason for leaving:	

Third Recent Employer	
Company/Organization	Telephone
Address	Employed (State Month/Year) From _____ To _____
Name of supervisor _____ May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Salary \$ _____ Hourly / Monthly / Yearly
Your job title	
List your primary duties:	
Reason for leaving:	

WORK HISTORY (continued)

Fourth Recent Employer		
Company/Organization	Telephone	
Address	Employed (State Month/Year) From _____ To _____	
Name of supervisor _____	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Salary \$ _____ Hourly / Monthly / Yearly
Your job title		
List your primary duties:		
Reason for leaving:		

REFERENCES

List 3 professionals who can give references of your character, ability and work experience.

_____	_____	_____
<i>Name</i>	<i>Relationship</i>	<i>Phone</i>
_____	_____	_____
<i>Name</i>	<i>Relationship</i>	<i>Phone</i>
_____	_____	_____
<i>Name</i>	<i>Relationship</i>	<i>Phone</i>

CRIMINAL CONVICTION

Have you ever been convicted as an adult of a crime that has not been annulled, expunged or sealed by a court? If yes, describe in full. Include disposition of the offense. A record of conviction may not necessarily disqualify an applicant for volunteer work.

EDUCATION

School Name and Location and Years Attended	Graduate (Yes/No)	Degree, Diploma, Certificate (Indicate Which)
High School or GED		
Vocational, Technical School		
College or University		
Other (Skilled trade training, etc.)		
Please include academic honors, scholarships, fellowships, memberships in professional and honorary societies, etc. _____ _____		

MILITARY

Please complete this section if you have served in the United States Armed Forces	
Branch Service	Rank at Discharge
Describe duties _____ _____	
Special training	

TIMES YOU ARE AVAILABLE TO VOLUNTEER:

Number of hours per week: _____ Days available: ___Mon ___Tues ___Wed ___Thurs ___Fri ___Sat ___Sun Times available: _____ _____ _____
--

I hereby certify that all answers and statements contained in this application are true and complete to the best of my knowledge. I understand that any falsified or misleading information statements of fact will subject me to disqualification. I further understand that any information that I provide may be investigated and I authorize the City of Liberty to conduct any investigation into my personal history.

Required Applicant Signature: _____ Date: _____

**WAIVER AND RELEASE OF ALL CLAIMS
AND WAIVER OF RIGHT TO INSPECT BACKGROUND INVESTIGATION**

PLEASE READ CAREFULLY

You are notified that the City of Liberty, MO may request a consumer report to be obtained for volunteer purposes as a part of the pre-volunteer background investigation and at any time during your volunteer activities.

I understand and agree that, as a condition of volunteering and, if chosen as a volunteer, I may be required to submit to drug and alcohol screening tests to determine compliance with the City's Drug and Alcohol Policy. Failure to comply with the testing program will be grounds for immediate discharge of my volunteer duties. I understand that I can review and receive a copy of the City's Drug and Alcohol Policy upon request.

I, _____, am applying for the volunteer position of _____ with the City of Liberty, Missouri. I understand that a thorough and complete background investigation will be conducted to determine my fitness and desirability as a candidate for employment. Therefore, in consideration of the City's processing of my volunteer application, I agree as follows:

1. I specifically authorize the City of Liberty to conduct such a background investigation on me for the purpose of determining my fitness and desirability as a candidate for the volunteer program.
2. I understand that the background investigation is conducted by gathering and recording information about my past conduct and associations from any and all sources that the City of Liberty, in its sole discretion, may deem appropriate, including but not limited to: military, criminal, driving or other government files; past and present employers, schools, friends, relatives, or acquaintances; and any other sources of information available.
3. I specifically authorize any person or entity contacted by the City of Liberty to completely and thoroughly answer any and all questions concerning me posed by any official or employee of the City of Liberty and to provide to the City, or any of its officials or employees, any requested document, information, record or file concerning me, regardless of any statutory or other privilege that I may have.
4. I hereby release from liability and agree to hold harmless the City of Liberty and any of its officers, officials, employees, and agents from any and all possible causes of legal action, including negligence, that may accrue to me as a result of the conduct of the background investigation or release of information to the City or any of its officials or employees. I understand that, in the event I suffer any injury of any kind as a result of such cooperation with the conduct of the background investigation, I am herein forfeiting any and all right to bring legal action against or seek redress in the courts from such individual, institution, organization or agency, even if such injury or harm occurs as a direct result of their negligence or any other failure on their part to satisfy any duty owed to me.

5. I hereby release from liability and agree to hold harmless any person or entity which furnishes information or opinions to the City of Liberty as a part of the background investigation from any and all possible causes of legal action, including negligence. I understand that, in the event I suffer any injury of any kind as a result of cooperation with the conduct of the background investigation, I am herein forfeiting any and all right to bring legal action against or seek redress in the courts from such person or entity, even if such injury or harm occurs as a direct result of their negligence or any other failure on their part to satisfy any duty owed to me.

6. I understand the need for confidentiality of sources and information in my background investigation, and I agree that I will never attempt to obtain access to any part of the background investigation designated confidential by the City of Liberty.

7. A copy of this Waiver and Release shall be deemed as effective as the original.

8. For purposes of conducting the background investigation and gathering the information necessary to gauge my fitness for the volunteer position for which I have applied, this Waiver and Release shall be effective for a period of one year from the date of my execution hereof. My waiver of the right to review and copy the background investigation is perpetual.

9. This Waiver and Release is intended to be as broad and inclusive as permitted by the laws of the State of Missouri and, if any portion hereof is held to be invalid, the balance shall, notwithstanding, continue in full legal force and effect. My spouse (if any), heirs and legal representative, and any and all successors and assigns, are bound by the terms of this Waiver and Release. This Waiver contains the entire agreement between the parties hereto and its terms are contractual and not a mere recital.

BE SURE YOU HAVE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING

Full Name

Applicant Signature

Date

IMPORTANT INFORMATION CONCERNING YOUR APPLICATION

Any information about yourself that you provide to the City of Liberty during the volunteer application process will be used to identify you as a volunteer applicant, distinguish you from all other volunteer applicants, enable us to contact you when additional information is required, send you notices and/or schedule you for interviews, determine whether or not your background check may be a job-related consideration affecting your suitability for the volunteer position applied for, and assess your qualification for volunteer opportunities with the City.

If you wish to be considered for volunteer opportunities, you are required to provide the information requested in the Volunteer Application. If you refuse to supply information requested, it may mean that your volunteer application will not be considered.

Other information about yourself that you provide during the volunteer application process or during volunteer status with the City is classified as private under state law, except as public here or as listed in Missouri Statutes. The information may not be provided to members of the public except to:

1. Persons authorized to have access to the information under state or federal law
2. Person authorized by court order to have access to the information
3. Persons to whom you consent in writing to have access to the information
4. All individuals in the City who need to know the information.

Materials submitted in support of a volunteer application are normally not returned. You should not submit an original document if it is your only copy.

Please feel free to keep this informational sheet.