

**City of Orlando
Police Department**
1250 W. South Street
Orlando, FL 32805



VOLUNTEER/COP/INTERN PROGRAM APPLICATION

As a candidate for a volunteer position with the Orlando Police Department, I am willing to furnish information for use in determining my qualifications. I authorize release of any and all information that you may have concerning me, including information of a confidential or privileged nature.

I understand that for security purposes a basic background check will be conducted to determine my eligibility. I may also be fingerprinted. Further background information will be requested only if a specific volunteer assignment calls for a full security check. **This may include a polygraph.**

TO SUBMIT APPLICATION:

Fill out, save and attach form in an email to sonya.robinson@cityoforlando.net or use a black ink pen to fill out form. Applications in pen may be scanned and emailed to sonya.robinson@cityoforlando.net or mailed or dropped off to the address above. It is important that you answer all questions on this application fully and accurately.

Name: _____
Last First Middle

Address: _____
Number Street
City State Zip How Long?

Home Phone: () - Work Phone: () - Ext.: _____

Fax #: _____ Social Security #: _____

Email Address: _____

LAST NAME

FIRST NAME:

DATE:

PERSONAL DATA

List previous addresses for the past five years:

Street City State How Long?

Street City State How Long?

Street City State How Long?

Date of Birth: _____ Place of Birth: _____

Marital Status: _____ Children (ages): _____

Driver's License #: _____ Expiration Date: _____

Please list and explain any other names you have used: _____

List any languages, other than English, which you speak or write fluently: _____

EDUCATION & MILITARY SERVICE

High School Name: City, State Grade Completed Year

College Name City, State Years Completed Year

College Name City, State Years Completed Year

Degree(s) Earned: _____ Major(s): _____ Minor(s): _____

Military Service:

Branch Dates of Service

EMPLOYMENT HISTORY

Present Employer:

Name Address

Job Duties Employment Dates

Previous Employer(s):

Name Address

Job Duties Employment Dates

Name Address

Job Duties Employment Dates

TRAINING/SKILLS

HEALTH

VOLUNTEER EXPERIENCE

Please list any special skills, training, interests or hobbies that you have that may be useful to the police department:

Health (Check one): Excellent Good Fair Poor

Please list medication(s) you are currently taking: _____

Physical Limitations: _____

Do you have medical insurance? Yes No
Company Name: _____ Policy #: _____

Emergency Contact: _____

Relationship: _____ Phone #: () - -

Please list any current or previous volunteer activities: _____

How did you learn of the Orlando Police Department Volunteer Program? _____

What type of work do you wish to do? _____

What days and hours would you be available? _____

Why do you wish to volunteer with the Orlando Police Department? _____

Please give the names and phone numbers for two local character references:

1. _____ Phone: () - -
2. _____ Phone: () - -
3. _____ Phone: () - -

VOLUNTEERS ACCESSING CONFIDENTIAL/SENSITIVE INFORMATION WITHIN THE ORLANDO POLICE DEPARTMENT

Please print legibly

DATE _____

Name _____ Telephone Number (____) _____ - _____

Driver License Number _____

PURSUANT TO FLORIDA PUBLIC RECORDS LAW, ALL DOCUMENTS MADE OR RECEIVED BY THE CITY OF ORLANDO IN THE COURSE OF PROCESSING YOUR VOLUNTEER APPLICATION ARE PUBLIC RECORD AND SHALL BE AT ALL TIMES OPEN FOR INSPECTION BY THE PUBLIC.

1. Have you ever been **arrested** by police?

Yes ___ No ___

If **“yes,”** please **explain** providing dates and details.

Felony _____ Misdemeanor _____

2. Have you ever been convicted of a felony or misdemeanor crime?

Yes ___ No ___

If **“yes,”** please **explain** providing dates and details

Felony _____ Misdemeanor _____

3. Have you used or possessed, within the last **FIVE (5) years** any controlled substance such as cocaine, crack, speed, heroin or any other illegal substance, including marijuana/cannabis use?

Yes ___ No ___

4. If you answered **“yes”** to **Question #3**, how many times have you used or tried illegal drugs in the past year (12 months)? **Please give types of drugs, dates and other details.**

5. Have you ever committed any illegal sale of narcotics (drugs) to others whether for profit or not?

Yes ___ No ___

If "yes," please explain.

6. How many times in the last year (12 months) have you missed work/school due to intoxication?

7. How many times in the last year (12 months) have you consumed alcohol while at work?

8. How many times in the last year (12 months) have you been **intoxicated to the point that you felt you should not drive a motor vehicle?**

9. Have you ever been involuntarily terminated (fired) from employment or asked to resign?

Yes ___ No ___

If "yes," please explain.

Name (please print) _____

Signature _____

VOLUNTEER PROGRAM

Please read the following statements carefully.

AUTOMATIC DISQUALIFIERS

The Orlando Police Department Volunteer Program will **NOT** consider the application of any individual who:

1. Has been convicted of any offense that would be a felony if committed in Florida.
2. Has used illegal drugs within the last one year.
3. Has sold marijuana or other illegal drugs within the last two years.
4. Has falsified his or her application, including the omission of required information.

DISCRETIONARY DISQUALIFIERS

The following disqualifiers **MAY**, upon review by the Orlando Police Department, make you ineligible for the Volunteer Program.

1. A physical or mental disability that would substantially impair an individual's ability to perform his or her duties.
2. Mis-use or abuse of alcohol or prescription drugs.
3. A demonstrated unwillingness to honor fiscal contracts or just debts.
4. Any conduct or pattern of behavior that would tend to disrupt, diminish or otherwise jeopardize public trust in the law enforcement profession.

I have read and understand the above disqualifiers. Please consider my application for participation in the OPD Volunteer Program.

Signature _____ **Date** _____

List any misdemeanor arrests or convictions: _____

List any felony arrests or convictions: _____

I hereby authorize the Orlando Police Department, its designee, or agent, to investigate my past or current activities and to receive full and complete disclosure of all records relating to me and my past employment, criminal or traffic reports or arrest reports or investigations.

I understand that police agencies often handle sensitive or confidential information, the disclosure of which could adversely affect a criminal investigation and in some instances may be a violation of law. I agree to not disclose any information obtained by me while engaged in my volunteer duties unless specifically authorized in advance by an OPD supervisor. I understand that my failure to comply with this paragraph will result in my removal from the volunteer program.

I hereby indemnify and hold the City and the Orlando Police Department harmless for any injury to myself or my property while engaged in volunteer activities with the Orlando Police Department. I agree that the City and OPD will not be responsible for any activities, liability, suits or damages which may occur during or as a result of my volunteer status with OPD, which occur outside the scope of the responsibilities and duties assigned to me.

SIGNATURE: _____ DATE: _____

For Official Use Only

Date Received: _____ Date Called: _____ Interviewed: _____

Division: _____ Department: _____ Review Date: _____

Duties: _____

Comments: _____
