



EL CENTRO POLICE VOLUNTEERS

Volunteer

150 NORTH 11TH STREET
EL CENTRO, CA 92243
(760) 336-8985

APPLICATION

ANY
MIS-TATEMENT
OR OMISSION OF
MATERIAL MAY BE
CAUSE FOR DENIAL.

Personal Information

Full Name:				Date of Birth:
Street Address:				City:
State:	Zip Code:	Home Phone:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Driver License No.
Social Security No.	Present Employer (Name and Address):			Employer Phone No.
Hair Color:	Eye Color:	Supervisor Name:		Occupation:

References

Please list 3 references not related to you:

Name:	Address:	Phone #:
Name:	Address:	Phone #:
Name:	Address:	Phone #:

Education and Training Information

*High School (Name and City):	
College or University (Name and City):	Years Attended:
	Graduated (Y/N)?
Major:	Certificates you Possess:
List Additional Trade or Technical Schools:	
Name _____	City _____ Year _____ Major/Subject: _____
Name _____	City _____ Year _____ Major/Subject: _____

- El Centro Police Department requires a minimum of High School Diploma or G.E.D.

List any other skills (Electronics, CPR, Photography, Computer, Business, etc.)

Volunteer Signature

Date

AGREEMENT CONTRACT

You have agreed to professionally assist the El Centro Police Department (PAX). The function of this Department is the protection of life, property and enforcement of the law. By volunteering, you have obligated yourself to maintain the highest of ethical standards in both personal and professional conduct.

CONFIDENTIAL INFORMATION

You will be exposed to information that will be both official and sensitive in matter. This information will not be divulged to anyone unless is required by another official member of the Department or your superior as required by law directs you. If you have any questions regarding this paragraph, you are to contact the Volunteers Coordinator or a Police Department official as soon as possible to resolve any concerns that you may have.

FRATERNIZING

As a volunteer of this Department, you are prohibited from fraternizing with, engaging in the service of, accepting services from, or performing favors for any person in custody or recently released from custody of this Department.

IDENTIFICATION

You will be issued an identification card, which is to be visible worn at all times while you are performing official volunteer duties for the Department. You will personally be held responsible for this identification card and must immediately report its loss to the Volunteers Coordinator or the Departments Staff Assistant.

SAFETY

The practice of safety and the prevention of accidents shall be the responsibility of all volunteers. If you are involved in an accident while in the performance of your duties, or injured in any manner, you will immediately report this injury to your superior or the Volunteers Coordinator and provide a written report as to how the accident occurred.

I have read the Agreement Contract and will comply with it. I also

Volunteer Signature

Date

**CITY OF EL CENTRO – POLICE DEPARTMENT
VOLUNTEER SERVICE AGREEMENT**

This agreement is made and entered into by and between the City of El Centro, hereinafter called City and _____, hereinafter called Volunteer. It is hereby agreed as follows:

I. Services to be performed by Volunteer: The Volunteer makes the following representations and offers to do the work described below in accordance with the stated terms and conditions:

a. _____ City Wide
_____ As Needed
_____ Other Describe: _____

b. Description of Work to be Done:

c. Total Time of Volunteers Commitment to City/Project: _____

II. Effective Dates: This agreement shall be effective on the _____ day of _____, 20____, and shall end on the _____ day of _____, 20____, unless earlier termination is effective pursuant to paragraph 6 herein.

III. Interest of Volunteer: It is understood and agreed that the volunteer will not be paid for his/her services, but shall be entitled to worker's compensation, and is convened, while performing volunteer duties pursuant to this agreement, by the City of El Centro worker's compensation program. Volunteer discloses the following physical conditions that need to be accommodated in performing aspects of the work under this agreement: (if none, please indicate "none"):

IV. Hold Harmless: The volunteer agrees not to bring suit against the City for any accident that may occur to the volunteer while he or she is performing any duties pursuant to this agreement.

V. Changes: This agreement shall not be assigned or transferred without the written consent of the City. No changes to the agreement are authorized without the written consent of the City.

VI. Termination: This agreement may be terminated by the City or Volunteer upon ten (10) days' written notice.

Volunteer Signature: _____ Date: _____

Volunteer Coordinator Signature: _____ Date: _____