



HENDERSON POLICE DEPARTMENT

JUTTA G. CHAMBERS
Chief of Police



223 Lead Street ♦ P.O. Box 95050 ♦ Henderson, NV 89009-5050 ♦ (702)267-4501

HPD VOLUNTEER APPLICATION

Name: _____
(Last) (First) (Middle)

Address _____
(Street) (City) (State) (Zip)

Home Phone: _____ Cell Phone: _____ Work Phone: _____

E-Mail: _____ SS#: _____ DOB: _____

Driver's License # _____ State: _____ Expires: _____

CCW Permit Number: _____ Expires: _____

In case of an emergency, contact: _____ Phone: _____

Previous Law Enforcement: YES NO

If yes, what department/agency and years of service: _____

Previous Volunteer Work: YES NO

If yes, where and years of service: _____

Have you ever been arrested or convicted of a crime (excluding traffic tickets)?

YES NO

If yes, please explain the circumstances: _____

Number of hours each week you can volunteer: _____

List days of the week that you are available to volunteer: _____

Signature: _____ Date: _____

For HPD Office Use Only

Criminal Search: _____ Date: _____

Received by: _____ Date: _____

Approved by: _____ Date: _____

3012**HENDERSON POLICE DEPARTMENT****ID BADGE/BACKGROUND REQUEST**REFER TO HPD POLICY AND PROCEDURE SM-3645
CITY EMPLOYEE PROCESSINGPlease report to Civil Processing, 223 Lead Street (Emergency Services Facility) Henderson, Nevada
Mon-Thurs 9:00 a.m. - noon, and 1:00 p.m. through 4:00 p.m. (excluding holidays) for the following:

- Police ID Badge/Prox Card
- Fingerprints for full FBI Criminal Background Check (DoIT, Support Services)

Last Name	First Name	Middle Name
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Other names Used:

Place of Birth:	Date of Birth	Social Security #
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Race	Sex	Eyes	Hair	Height	Weight
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U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	Home Address:
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*****Complete following section for Police ID ONLY*****

Employee ID#	P#	Blood Type	Medicinal Allergies
Previous Police Prox Card Control # (if applicable)	Current Police Prox Card Control #	PIN #	

I acknowledge receipt of a City of Henderson prox card :

Employee Signature	P#	Date
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Department/Division/Bureau	Title
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Civil Processing Employee Signature	P#	Date
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****Non-Police employees must return this form to Human Resources to obtain ID****

**GENERAL INFORMATION FORM
(N.C.I.C. CHECK)**

FULL NAME: (LAST, FIRST MIDDLE)		
AKA:		
ADDRESS (STREET, CITY, STATE, ZIP)		
RESIDENCE PHONE:	WORK PHONE:	
NORMAL WORK HOURS:	NORMAL DAYS OFF:	

RACE:	SEX:	HT:	WT:
EYE COLOR:		HAIR COLOR:	
SS#:	D.O.B:		

DRIVER LICENSE#:		
STATE ISSUED:	CLASS:	EXPIRATION:
FORMER DRIVER LICENSES:		
STATE ISSUED:	CLASS:	EXPIRATION:
STATE ISSUED:	CLASS:	EXPIRATION:

(CHECK APPROPRIATE BOX)

SPOUSE <input type="checkbox"/>	COHABITANT <input type="checkbox"/>	LIVING COUPLE <input type="checkbox"/>
NAME:		
MAIDEN NAME:		
D.O.B:	SS#:	

As a volunteer for the City of Henderson I agree to:

- Observe the policies and procedures of the City and Departments.
- Participate in initial training as well as any additional training.
- Notify immediate supervisor when sick and/or unable to volunteer.
- Perform duties as outlined by the volunteer coordinator.
- Dress in business attire suitable to the assigned tasks.
- Provide adequate notice before terminating my volunteer commitment.

Please initial to indicate you have read the above _____

I hereby certify that all statements made in this application are true. I acknowledge that any false statement or misrepresentation on this application will be cause for refusal of placement or immediate dismissal at any time during the period of my placement. I understand that I am working at all times on a voluntary basis without compensation and not as a paid employee, and that this agreement can be cancelled at any time by either myself or the City of Henderson.

Informed Consent and Release

I, _____, offer to volunteer my services to the City of Henderson. I realize that I will not be paid in any way. I understand that the Department and/or I can cancel this agreement at any time. I release the City of Henderson, its employees, agents, leaders, instructors, contractors, and volunteers from any liability for loss or injury to my person or property which might occur due to negligence or other acts or omissions. This release applies to any losses or injuries which may occur as a result of, or during my participation in, volunteer service. I realize that this release is a binding contract. I have read and understand this release. I knowingly and voluntarily sign below. The City may use my photograph for any official Department publications and/or productions.

Volunteer's Signature _____ Date _____

Signature of Parent/Guardian, if volunteer is a minor _____

Conditions

I fully understand, acknowledge and agree to the following conditions: The City of Henderson reserves the right to make the final decision on placement of volunteers. Standard background checks, in accordance with City policy, will be conducted on applicants.

All statements made in this application are true and authorization is given to investigate all matters contained in this application. I authorize the City of Henderson to receive any criminal history information that may be contained in the files of any national, state, or local criminal justice agency. Any false statements or misrepresentations on this application will be cause for refusal of placement or immediate dismissal at any time during the period of my placement.

I understand that the volunteer program does not qualify me for paid employment with the City of Henderson.

Volunteer's Signature _____ Date _____
