



HENDERSON POLICE DEPARTMENT VOLUNTEER APPLICATION

HPD 0068

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

DOB: _____ SSN: _____ Email Address: _____

Address: _____
(Street) (City) (State) (ZIP)

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

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

CCW Permit Number: _____ Expires: _____

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 circumstances: _____

Number of hours each week you can volunteer? _____

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

(Signature) (Date)

FOR HPD OFFICIAL USE ONLY!

Criminal Records Search: _____ Date: _____

Received by: _____ Date: _____

Approved by: _____ Date: _____

Education and Skills

Name of Current Employer or School (include city and state)			Highest Grade Completed
Degree(s) Held	Special Training/License(s)	Computer and Other Skills	Languages

Agreement, Consents and Releases, and Conditions

1. 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

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.

▶ **Please initial to indicate you have read the above** _____

2. Informed Consent and Release:

I, _____, offer to volunteer my services to the City of Henderson. I realize that I will not be compensated 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 _____ Date _____

3. 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 _____

Thank You for your interest in The Volunteer Connection.



**HENDERSON POLICE DEPARTMENT
BACKGROUND INVESTIGATIONS
PROCEDURES & RESULTS WAIVER
REFER TO HPD POLICIES & PROCEDURES**

HPD 0089

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Initials
Below

_____ I have been advised not to miss any scheduled appointments and understand that any missed appointment may disqualify me from the process.

_____ I have been advised to contact and check-in with the HP Volunteer office on a regular basis. I understand that failure to update any changes in my background within three (3) days of the change may disqualify me from the process.

_____ I understand that the Background Investigation is designed to evaluate candidates based on characteristics of a person's complete life history and suitability for a volunteer position with the Henderson Police Department Hiring Standards. Hiring Standards are confidential and not available for review.

_____ Our Chain of Command will review your overall profile to determine your suitability for the Henderson Police Department Volunteer program. The decision is ultimately made by our Chain of Command. Details of the Background Investigation and information obtained cannot and will not be disclosed.

_____ I understand that there is no Appeal Process and will not be contact my Background Investigator after the decision is made. The Background Investigator cannot change the decision once it is made.

Full Name (Print Legibly)	Signature	Date Signed
Other Names Used	Date of Birth	SSN



HENDERSON POLICE DEPARTMENT ID BADGE/BACKGROUND REQUEST

HPD 0312

REFER TO SM-3645

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DR# N/A

Please 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
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Previous Police Prox Card Control # (if applicable)	Current Police Prox Card Control #	PIN #
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I acknowledge receipt of a City of Henderson prox card :

Employee Signature	P#	Date
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Department/Division/Bureau	Title

Civil Processing Employee Signature	P#	Date
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Non-Police employees must return this form to Human Resources to obtain ID

