

LONGMONT PUBLIC SAFETY VOLUNTEER APPLICATION

Volunteer
Position:

PERSONAL INFORMATION

Last Name					
First Name					
Middle Name					
Preferred First Name					
Street Address					
City		State		Zip Code	
Email Address				Primary Phone	

How did you hear about this volunteer opportunity with Longmont Public Safety?

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Are you 18 or older? Yes No

Are you bilingual? Yes No

If yes, what language(s)?	
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List any certifications/licenses/skills that are applicable to this job:

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SUPPLEMENTAL

Please read the following checklist and indicate your response by selecting Yes or No. By responding you verify that you have read and understand the information asked of you. A yes answer to any of the questions is not an automatic disqualifier.

Have you intentionally deceived or defrauded a creditor by not repaying accrued debt or used accounts with non-sufficient funds?

YES NO

Have you ever had unauthorized use of another person's credit or debit card, or access to another financial institution with intent to defraud or for personal gain?

YES NO

Have you ever had a felony conviction?

YES NO

Have you committed a felony in the last five years?

YES NO

Have you committed or been convicted of a misdemeanor in the last two years?

YES NO

Have you ever set an illegal fire for money?

YES NO

Have you illegally used hallucinogens, PCP, Cocaine, Ecstasy, amphetamines, steroids, or toxic vapors in the last five years?

YES NO

Have you committed DUI, DWAI, or DUID two or more times within the last three years?

YES NO

Have you been convicted of a felony for engaging in speed contests, DUI, DWAI, or reckless driving in the last two years?

YES NO

Have you been convicted of a misdemeanor for engaging in speed contests, DUI, DWAI, or reckless driving in the last two years?

YES NO

Have you falsely testified, either under oath or not, in court or in an administrative hearing?

YES NO

Have you responded falsely in an inquiry, investigation, or interview including internal investigations

YES NO

Have you solicited, accepted, or offered a bribe?

YES NO

Have you had unlawful sexual contact with a child?

YES NO

Have you committed or been convicted of child abuse or neglect resulting in bodily injury?

YES NO

Have you been convicted of child neglect or abuse not involving bodily injury over the past seven years?

YES NO

Have you distributed, possessed, or produced child pornography?

YES NO

Have you been convicted of a crime involving domestic violence to include harassment, and/or stalking of a spouse or significant other?

YES NO

Have you committed a felony involving domestic violence to include harassment and/or stalking of a spouse or significant other within the last ten years?

YES NO

Have you committed a misdemeanor involving domestic violence to include harassment and/or stalking of a spouse or significant other in the last five years?

YES NO

EMPLOYMENT/VOLUNTEER HISTORY (5 YEARS)

Company Name #1							
Street Address							
City		State		Zip Code			
Job Title		Start Date:		End Date (or present):			
Supervisor Name:		Supervisor Phone:					
Supervisor Email:							

Job Description (briefly describe your position):

Company Name #2					
Street Address					
City		State		Zip Code	
Job Title		Start Date:		End Date (or present):	
Supervisor Name:			Supervisor Phone:		
Supervisor Email:					

Job Description (briefly describe your position):

Company Name #3					
Street Address					
City		State		Zip Code	
Job Title		Start Date:		End Date (or present):	
Supervisor Name:			Supervisor Phone:		
Supervisor Email:					

Job Description (briefly describe your position):

EDUCATION

Level of Schooling:		Educational Degree:			
Field of Study:			Type of Degree		
Name of School:				GPA	

Graduated YES NO

ADDITIONAL COMMENTS:

ADDITIONAL INFORMATION

CITY OF LONGMONT CONSENT AND RELEASE.

I certify that all information given on this application is true, correct, and complete to the best of my knowledge. I also certify that I have not knowingly withheld any fact or circumstance which would, if disclosed, affect my application unfavorably.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions, criminal history records, financial or credit institutions, including records of loans, records of commercial or retail credit agencies (including credit reports and/or ratings); and other financial statements and records wherever filed; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have or have had an interest.

I understand that any information obtained by personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization, will be considered in determining my suitability as a volunteer for the City of Longmont. I hereby certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from all liability, which may be incurred as a result of furnishing such information.

I understand that any false information, or misrepresentation of facts called for in this application or any supplements, thereof, is cause for rejection of my application or discharge at any time.

I understand that the granting of a volunteer assignment will be subject to the successful completion of drug testing and background investigation and consent to same. I acknowledge that my volunteer assignment may be conditioned upon satisfactorily continuing to meet job-related physical and mental requirements. Any exams shall be paid for by the City of Longmont. I also agree that all information concerning said physical examination and/or a drug and/or alcohol screening, can be supplied to the City of Longmont, or any authorized agent of this municipality, upon their request.

As a volunteer for Longmont Public Safety, I agree to abide by its rules and regulations. I understand that discovery of misrepresentation or omission of facts herein will make me ineligible for volunteer assignments or be cause for immediate dismissal. I agree to furnish additional information as may be required to complete my volunteer file.

I further agree to hold harmless the City of Longmont and its agents from any liability arising in whole or part, out of the collection of specimens, testing and use of the information from said test in connection with the City of Longmont's consideration of my application for volunteer assignment. I understand the requirements of the job for which I am applying. I understand that I must be capable of performing the essential functions of the job effectively and safely, with or without reasonable accommodations.

Volunteers shall not represent themselves as, or by omission infer, they are an employee of the Department. Volunteers shall always represent themselves as volunteers and comply with all orders, directions, and procedures, either oral or written, issued by the Department.

With appropriate security clearance, volunteers may have access to private and confidential information, such as criminal histories or investigative files. Unless otherwise directed by a Department supervisor, the duties of the position, or Department procedure, all information shall be considered confidential. Only that information specifically identified and approved by authorized personnel shall be released. Confidential information shall be given only to persons who have a need and a right to know as determined by Department procedure and Department supervisory personnel. Unauthorized disclosure of any private or confidential information, verbally, in writing, or by any other means by a volunteer is grounds for immediate dismissal.

Volunteers shall not address public gatherings, appear on radio or television, prepare any article for publication, act as correspondents to a newspaper or other periodical, release or divulge any information concerning the activities of the Department, or maintain that they represent the Department in such matters without permission from the Public Safety Outreach Manager, or authorized designee.

I further understand that Longmont Public Safety will provide a complete job description and training for the volunteer position I have submitted application for. Longmont Public Safety is seeking a 10 hour a month commitment from all volunteers. Our organization depends on volunteers to provide support by offering their time, skills, and expertise. We acknowledge our volunteers are essential to fulfill our purpose in building community. We are grateful for your service.

By signing below, under penalty of law if falsified, I attest to my true identity and legal name, and consent to all terms of this document.

Volunteer Signature

Please print your name and date of signature

SAVE and email to robin.ericson@longmontcolorado.gov