



Olmsted Township Police Department

Volunteers In Police Service



Volunteer Application

Dear Applicant:

Thank you for your interest in joining the Olmsted Township Police Department Volunteers in Police Service Volunteer program!

This application packet contains all the necessary documents you will need to begin the process of joining the VIPS program. Please complete and sign all of the following paperwork and return it to the VIP office. You will receive confirmation once we have received your application. Please keep in mind that due to the sensitive and confidential nature of police work, the process is thorough, and can take two to three weeks to complete.

Applications can be turned in via:

Olmsted Township Police Department
26900 Cook Road
Olmsted Township, OH 44138

The following is a checklist of all materials required to successfully complete an application. If at any time you have questions, please do not hesitate to contact us.

Application Paperwork Checklist

<input type="checkbox"/>	Completed Application
<input type="checkbox"/>	Liability Release Waiver
<input type="checkbox"/>	Background Clearance Check form
<input type="checkbox"/>	ID Request form
<input type="checkbox"/>	Copy of Driver's License or Government ID

*Please note: applicants must be 18 years or older to apply. Applicants may also be disqualified, after review, at the discretion of the VIPS Administrator.

*There is NO appeal process for disqualification from the VIPS program.



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Overview

The Olmsted Township Police Department Volunteers in Police Service program is designed to have police officers and community volunteers working together to adequately address the administrative, community policing and time demand issues facing the Police Department.

The VIP program seeks first-rate volunteers to take on tasks in partnership with the men and women of the Olmsted Township Police Department serving the citizens of Olmsted Township. We seek to provide volunteers with rewarding and challenging positions, which enhances the capacity of the Police Department to make Olmsted Township a better and safer place.

Mission Statement

The Volunteers In Police Service Program is committed to developing a spirit of cooperation and partnership within the community to enhance the Olmsted Township Police Department's ability to serve Olmsted Township.

Message from the Chief of Police

In 1829, Sir Robert Peel authored the Metropolitan Police Act, which created the first disciplined police force in London, England. He was best known for his philosophy of law enforcement that is exemplified in this quote:

"The police are public and the public are police; the police being only members of the public who are paid to give full time and attention to duties which are incumbent on every citizen in the interests of community welfare and existence."

You have made the commitment to volunteer your valuable time and talent as a service to your community. This demonstration of selflessness is indicative of one of the core components of Community Policing, and that is partnership. The police and community must work together to adequately address crime and quality of life issues. The women and men of the Olmsted Township Police Department are dedicated professionals, but their numbers are relatively small in comparison to the task of serving the citizens of this great town. This is why your contribution to this overall effort is so critical.

I am very proud of you and know that you will represent the Olmsted Township Police Department in the most professional manner as you carry out your tasks.

Sincerely,

Mark Adam
Chief of Police



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Please print legibly or type

If you have any questions, please contact us. The Olmsted Township Police Department appreciates your interest in service, and salutes your spirit of volunteerism! Applications take 2-4 weeks to be processed. Incomplete applications will not be processed.

Volunteer Application

Date: _____

Name: _____ Are you over 18 years of age? Yes _____ No _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone (Home) (_____) (Mobile) (_____)

E-mail address: _____

Driver's License Number: _____ State: _____

Education: (Circle Highest Grade Completed)

High School 1 2 3 4

College 1 2 3 4 5 6 7 8

Other: (Explain): _____

Degrees/Certificates Earned: _____

Current Employer: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (_____) Your Title: _____

May we contact your employer for a reference: Yes _____ No _____

Shirt Size: (Circle) S M L XL 2XL



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Why do you want to volunteer for the *Volunteers in Policing* Program? _____

Please list any volunteer experience, community activities, training workshops, internships, and special areas of study or research: _____

Are you fluent in any foreign languages? Yes _____ No _____

If yes, which? _____

If yes, would you be interested in assisting with translation? Yes _____ No _____

AVAILABILITY - We require 30 hours per year to be considered an active volunteer. Some volunteers come in several times a week, and some come in a few times a year.

By signing, I do hereby certify that all information contained in this application is correct and accurate to the best of my knowledge. If accepted to perform volunteer duties for the Olmsted Township Police Department, I understand I may be privy to confidential information and promise to respect and maintain that confidentiality.

Signature: _____

Date: _____

Printed name: _____



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RELEASE AND WAIVER OF LIABILITY FOR VOLUNTEERS

The purpose of this waiver is to establish an understanding between Olmsted Township Police Volunteers and the Olmsted Township Police Department regarding liability issues.

I want to volunteer my services to the Olmsted Township Police Department. I certify that I am in good mental and physical condition and I understand the inherent risks associated with acting as a volunteer, including the risk of physical injury or death. I understand that these risks may include, but are not limited to, slips and falls; physical activity and exertion; muscle and ligament strains, pulls, and tears; contusions, broken bones, strains, sprains, bruises, concussions; heart-related illnesses (abnormal heart events, abnormalities of blood pressure or cardiac arrest, stroke), shortness of breath, faintness, nausea, dizziness and death; assault and battery; and cuts and punctures from debris, glass, nails, hypodermic needles, wire, rocks, concrete, cans, and other sharp objects. I further understand that I risk aggravating any preexisting physical condition I may have in the performance of these services.

I understand that, while my volunteer services will be at the direction of Olmsted Township, its Police Officers and Police employees, I am nevertheless not an employee of Olmsted Township at the time of my performance of these volunteer services. I acknowledge that the volunteering of time and/or services does not constitute employment for purposes of the Workers' Compensation Act and I further acknowledge that I am not entitled to benefits of said Act. I further understand that I am a volunteer and that no employee/employer or master/servant relationship is created between myself and Olmsted Township or the Olmsted Township Police Department and that I will receive no compensation of any kind for my participation as a volunteer and that there is no promise of paid employment or future paid employment. There is no employment contract or other contract of hire between me and Olmsted Township or the Olmsted Township Police Department.

In consideration of Olmsted Township allowing me to participate as a volunteer, I agree not to sue and forever release, waive, and discharge Olmsted Township and its respective employees, agents, representatives, officers, directors, and any associated or sponsoring agencies and entities (hereinafter referred collectively as "Releases") from any and all liability to me or my personal representatives, assigns, heirs, children, dependents, spouse, and relatives from any and all claims, causes of action, losses, judgments, liens, costs, demands, or damages that are caused by or arise from any injury (including death) to me or my property related to my volunteer services. I assume all risks associated with my participation as a volunteer. I understand that the performance of all these volunteer services may be hazardous, and I specifically waive any liability for injuries that may result from the negligence or carelessness of fellow volunteers, Olmsted Township Police Officers, other Police employees, or the public.



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I understand that Olmsted Township shall not be responsible for loss or theft of personal property, or damage to personal property caused by Olmsted Township, its employees and Police Officers, other volunteers, or the public.

I understand that my participation as a volunteer in this activity is purely and solely voluntary and that I am not an employee, contractor, or representative of Olmsted Township. I further acknowledge that I am not, and will not function as, a Peace Officer or Reserve Peace Officer, of any level, or a firefighter, emergency medical technician, or civil defense worker. By virtue of my volunteer status, I shall have no powers or abilities greater than those of a private citizen to enforce the laws of the State of Ohio.

As further consideration for my being allowed to participate as a volunteer, the undersigned agrees, jointly and severally, to defend, indemnify, and hold harmless the Releasees from and against any and all liabilities, claims, liens, actions, causes of action, costs or expenses of any nature whatsoever (including, without limitation, interest, penalties, reasonable attorney's fees and disbursements) arising from any damage, loss or injury (including death) to the Releasees while participating as a volunteer regardless of the cause or causes of such damage, loss, or injury (including death).

I hereby acknowledge that I have carefully read this Release and Waiver of Liability for Volunteers, that I fully understand its contents, that I am over the age of 18 years old, and that I am signing this Release and Waiver of Liability for Volunteers voluntarily and intend for it to be legally binding.

Printed Name

Address/ City/ State/ Zip Code

Phone number

Email address

Signature of Volunteer

Date Signed



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CERTIFICATION, AUTHORIZATION, & WAIVER REGARDING BACKGROUND INVESTIGATION

Certification

I certify that all statements in my application, resume, and any other document I have submitted for a position with the Olmsted Township Police Department are true, complete and correct to the best of my knowledge and belief. I further certify that all oral statements I have made or caused to be made to any representatives of the Olmsted Township Police Department are true, complete and correct to the best of my knowledge and belief. I understand and agree that ALL statements may be investigated.

I understand that any falsification or omission of information discovered at any time during the selection process or during subsequent volunteering, may bar me from consideration for a position of volunteering or, if I have been selected, cause my dismissal from the Olmsted Township Police Department.

Authorization

I hereby authorize the Olmsted Township Police Department, during the application process or during the course of any subsequent volunteering with the Olmsted Township Police Department, to obtain information from any source as to my education, experience, qualifications, driving record, criminal history, or any other aspect of my background, as such information relates to the position for which I am being considered, or in which I may be volunteering already. In order to facilitate a search for information, I hereby confirm the following:

Full Legal Name (Print) _____

First

Middle

Last

Other name (s) used _____

Drivers License Number _____ State _____ Expiration Date _____

Please list any other current driver's license from another state _____

Waiver

I release and waive any claim or cause of action against any person responding to any inquiries authorized herein, and against the Olmsted Township Police Department and/or Olmsted Township in making such inquiries.

A photocopy or fax of this certification, authorization, and waiver shall be as valid as the original and may be used in its stead.

Signature _____ Date _____



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CLEARANCE CHECK AND ID REQUEST

Last Name: _____ Maiden Name: _____

First Name: _____ Middle Name: _____

Suffix: (Sr., Jr., II, III, etc.) _____

Date of Birth: (MM/DD/YYYY) _____ Place of Birth: _____

Ethnicity: _____ Gender: _____ Hair Color: _____

Eye Color: _____ Height: _____ Weight: _____

Glasses? Yes No Contact lenses? Yes No

Mustache? Yes No Beard? Yes No

ID/Police Personnel only. Please provide Badge Number when action completed.

Badge Number

Action

Criminal History
Clearance (NCIC & CCIC)
Motor Vehicle Clearance
Records Check
Assign ID #
Computer Entry
Prints & Index

Name: _____ Badge #: _____ Date completed: _____