

APPLYING FOR _____CADET_____RSVP

OR VOLUNTEER IN _____RECORDS_____ANIMAL CONTROL_____ THE LAB

Volunteer Agreement

I agree and understand that any work that I perform on behalf of the El Cajon Police Department will be provided on a voluntary basis and that I do not expect payment or other compensation for performing such work. I further understand and agree that a volunteer position does not constitute an employee—employer relationship with the City of El Cajon, and that the City may terminate my volunteer status at any time. The City is under no obligation to reimburse me for training or duty related expenses.

I realize that the El Cajon Police Department is depending on my service and that if for any serious reason I cannot keep my volunteer commitment, I will obtain my own replacement officer and/or notify my supervisor in advance of my agreed upon reporting time.

I acknowledge and accept the obligation to serve the public while maintaining the highest ethical standards in both personal and official conduct.

I have read and understand, and will comply with the El Cajon Police Department's policies regarding the following areas:

CONFIDENTIAL INFORMATION: - You may be exposed to sensitive information during your assignment as a volunteer. Remember, official business of this Department is confidential. Members shall discuss or give information only to persons for whom the information is intended, as directed by supervisor or as required by law. The content of any criminal record filed in the Department shall be shown or divulged only to authorize persons.

FRATERNIZATION - Be aware that members of the El Cajon Police Department are prohibited from fraternizing with, engaging in the service of, accepting services from or performing favors for any person in the custody or recently released from the custody of the El Cajon Police Department. Any member contacted by, or in behalf of, a recently discharged prisoner shall immediately report such contact in a memo to his/her supervisor.

IDENTIFICATION: - You will be issued an identification card which will authorize you to enter the El Cajon Police Department facilities and/or high security areas. You will be personally responsible for this identification card and will be expected to report its loss to your supervisor immediately, at which time a lost property report of the circumstances leading to the loss will be required.

INJURIES - If you are injured on the job, you should immediately report your injury to your supervisors.

VOLUNTEER'S SIGNATURE

DATE

Supervisor's Signature

Date

**BACKGROUND INVESTIGATION WAIVER
EL CAJON POLICE DEPARTMENT**

“AN UNQUALIFIED AUTHORIZATION TO RELEASE PERSONAL INFORMATION”

As an applicant for a _____ position with the El Cajon Police Department I am required to furnish information for use in determining my qualifications, suitability and character. For this specific purpose, I authorize the release and full disclosure of any and all information that you may have concerning me, including information of a confidential or privileged nature, to a duly authorized agent of the El Cajon Police Department.

Examples of the types of information I am requesting that you provide are as follows:

Criminal Justice, e.g., Arrests, detentions, field citations, Field Interview Cards, officer’s records, jail/custody booking records, traffic citations and traffic accident information, District Attorney records, Court records and reports, Probation and Parole reports and records, laboratory reports and results, and any other Criminal Justice record, or information source.

Personal records, e.g., Undeleted and uncensored records and information: e.g. applications for employment, background investigation files, time and sick leave records, performance, disciplinary and adverse action reports (and any and all allegations of misconduct and failure to act, and the complete and unqualified waiver of confidentiality or non-disclosure contained in any form of settlement agreement, contractual agreement, covenant or stipulation made between the employee and the employer, event though a court order would generally be required before the release of such information.

Academic records, e.g., Application for admission, transcript(s) of course work, disciplinary actions and reports, records maintained by Campus Police/Public Safety regarding rule violations, driving records, police contacts and criminal conduct.

Financial records, e.g., Application for credit, payment record, credit history, garnishments, government tax reports and records and other liens, bankruptcy, repossessions, collections and any other financial record, report or information source.

Personal information e.g., Information regarding my character, dependability, honesty, sobriety, integrity, ability to work in stressful situations, interpersonal sensitivity, general physical ability, driving history and reputation as a law abiding citizen.

This waiver is valid for a period of twelve (12) months from the date of my signature. A photocopy of this waiver is to be considered as valid as an original waiver even though it does not contain an original of my signature.

I HEREBY RELEASE YOU, YOUR ORGANIZATION AND ALL OTHERS FROM LIABILITY OR DAMAGE WHICH MAY RESULT FROM FURNISHING THE INFORMATION REQUESTED, INCLUDING ANY LIABILITY PURSUANT TO CALIFORNIA LABOR CODE, S1054, OR ANY SIMILAR LAWS OF OTHER STATES OR POLITICAL ENTITIES.

PRINT LAST	NAME/FIRST NAME	MIDDLE NAME	ALL OTHER LAST NAMES YOU HAVE USED
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The following identification numbers are provided voluntarily, they will be used to ensure that proper records are obtained

Driver’s License _____

Date of Birth _____ Place of Birth _____

Name (printed) _____

Signature _____

Date Signed _____ Valid for Twelve (12) months

**State of California) s.s.
County of San Diego)**

On _____, before me, _____, Notary Public, personally appeared _____, proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledge to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s) or entity upon behalf of which the person(s) acted, executed the instrument.

I certify under the PENALTY OF PERJURY under the state laws of the State of California that the foregoing paragraph is true and correct.

Witness my hand and official seal.

Signature of Notary

El Cajon Police Department

Rules of Conduct for Volunteers

POLICY

It is the policy of the El Cajon Police Department that all volunteers will comply with these Rules of Conduct, the Department's Policies and Procedures, and all City, County, State and Federal Laws. It is also expected that all volunteers will comply with all other orders and directives, written and verbal, which may be issued by department managers, supervisors and officer.

CONFIDENTIALITY

A volunteer will treat the official business of the El Cajon Police Department as confidential. All information seen or heard while on duty, except purely personal conversations, is considered official business. Information from the various automated local, state, and federal databases are especially sensitive and are covered by specific laws. The rule is "WHAT YOU HEAR AND SEE HERE, STAY HERE".

IDENTIFICATION

A volunteer will wear their department identification at all times in department buildings and at all other times when on duty. The identification will not be worn at any other time. It will remain the property of the department, and will be surrendered when required. It will not be used for personal or financial benefit, or for avoiding the consequences of illegal acts. Nor will it be photographed or reproduced or lent to another person.

PERSONAL APPEARANCE

All volunteers will maintain a neat, well-groomed appearance and will style their hair and dress in a manner acceptable to the department.

COURTESY

A volunteer will be courteous to the public and to co-workers. They will be tactful in the performance of their duties, controlling their temper and exercising patience and discretion at all times.

UNBECOMING CONDUCT

Volunteers will conduct themselves at all times while on duty in a manner, which reflects favorably on the El Cajon Police Department and the Volunteer Program. Unbecoming conduct includes that which tends to bring the department into disrepute, reflects discredit upon the volunteer of the department, or tends to impair the operation or efficiency of the department. Coarse, profane, violent and insolent language and gestures are unbecoming. Also unbecoming is any expression of discrimination or prejudice or the use of language, which might be insulting, demeaning, or degrading to any individual concerning race, sex, ethnic group, religion, politics, lifestyle, handicap, or similar characteristics.

PUBLIC TRUST

A volunteer will not seek, solicit, receive or share in any fee, reward or other personal gain from performing their duties, or for failing to perform those duties. They shall immediately report any offer, or attempt to offer, any gratuities made in an effort to influence their conduct. Also, a volunteer will not recommend or suggest the employment of any particular person or the purchase or use of any particular product or service while on duty or representing the department.

PERSONAL ASSOCIATIONS

A volunteer will avoid associating or dealing with persons whom they know, or have reason to believe, are criminals, are under criminal investigation, or who have a reputation for criminal behavior. The purpose of this rule is to maintain the integrity of the volunteer and avoid relationships, which would tend to impair the functioning of the El Cajon Police Department.

USE OF ALCOHOL

A volunteer will not drink any intoxicating beverages while on duty. While off duty, they will not consume alcoholic beverages to the extent that it results in behavior which would discredit them or the department, affect their ability to perform assigned duties, or cause them to be unfit to report to duty.

USE OF CONTROLLED SUBSTANCES

A volunteer will not use any controlled substance, except when prescribed for treatment by a licensed physician. When any such controlled substances are prescribed, the volunteer will so notify their supervisor.

CARE OF EQUIPMENT

A volunteer will show care in use and maintenance of all department equipment. They will not abuse, damage, alter, or through negligence, lose any department property. Damage to or loss of any equipment will be reported immediately to their supervisor.

ABSENCE

Any volunteer who is unable to report for duty due to illness or other causes will notify their supervisor in advance, informing them of the reason for their absence.

PERSONAL HISTORY STATEMENT

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

Home Address: _____

Work Address: _____

Home Phone: _____ Work Phone _____ Contact at Y N work?

Date of Birth: _____ CDL _____ SS Number: _____

Vehicles Owned Insurance Company:

License number	Year	Make	Model	Color

BACKGROUND:

Have you ever been convicted of a felony? Y N A misdemeanor Y N

Please describe: _____

Are you a U.S. citizen? Y N A legal resident? Y N

Circle highest year of school completed: High school 9 10 11 12

College: 1 2 3 4 Major/Areas of study: _____

List any special qualifications, licenses, skills and hobbies: _____

List any foreign languages spoken: _____

AVAILABILITY: We need a minimum of four hours per day, once a week)

How many hours/day _____ How many days/week: _____

Check when you would be available:

SUN	MON	TUE	WED	THUR	FRI	SAT

Assignment Preference: _____

Emergency Contact: Name: _____ Relationship: _____

Home Address: _____ Home Phone: _____

Work Address: _____ Work Phone: _____

Signature: _____ Date: _____

PERSONAL INFORMATION

The following information is required of you for verification and contact purposes.

Your name (Please print or type)

Last	First	Middle
Other names (including nicknames) you have used or been known by		

Address

Number	Street	City	State	Zip Code
Date of Birth	Home Phone		Driver's License or Identification Card Number	
Social Security Number		(In accordance with the Federal Privacy Act of 1974, disclosure is voluntary. The SSN will be used for identification purposes to ensure that proper records are obtained.		
Height	Weight	Hair Color	Eye Color	Scars, tattoos or other distinguishing marks

Emergency Contact

Last	First	Middle	Relationship		
Number	Street	City	State	Zip Code	
Home Phone		Business Phone		Cell Phone/Pager	
Are you a U.S. Citizen?		Are you a legal resident?		List any special skills	
Yes	No	Yes	No		
List any foreign languages spoken fluently					

Education

Please indicate below all the schools you have attended beginning with high school

Name of School	Location of School (City & State)	Degree or Units Completed

Criminal History

Have you ever been arrested, charged or convicted of any criminal offense. (Do not include traffic tickets unless you were taken into custody. YES NO If yes, please provide the following information. If necessary, please use an additional sheet of paper.

Date	Charge(s)	Police Agency	Penalty

Relatives, References, Acquaintances

During the course of the background investigation, persons who know you will be asked to comment upon your suitability for the position of volunteer.

If living, name of your:	Address where person can be contacted (include City, State and Zip Code)	Telephone number at which person can be contacted
Father	☐ Home ☐ Work ☐ Other	☐ Home ☐ Work ☐ Other
Mother	☐ Home ☐ Work ☐ Other	☐ Home ☐ Work ☐ Other
Father-in-Law	☐ Home ☐ Work ☐ Other	☐ Home ☐ Work ☐ Other
Mother-in-Law	☐ Home ☐ Work ☐ Other	☐ Home ☐ Work ☐ Other
Spouse	☐ Home ☐ Work ☐ Other	☐ Home ☐ Work ☐ Other
Former (Spouse(s))	☐ Home ☐ Work ☐ Other	☐ Home ☐ Work ☐ Other

Below, please list those individuals with whom you have resided with during the last ten (10) years (List no information prior to our 15th birthday) Exclude **family members**

	☐ Home ☐ Work ☐ Other	☐ Home ☐ Work ☐ Other
	☐ Home ☐ Work ☐ Other	☐ Home ☐ Work ☐ Other
	☐ Home ☐ Work ☐ Other	☐ Home ☐ Work ☐ Other
	☐ Home ☐ Work ☐ Other	☐ Home ☐ Work ☐ Other

Below, please list three (3) individual acquaintances. Exclude family members and employers.

	☐ Home ☐ Work ☐ Other	☐ Home ☐ Work ☐ Other
	☐ Home ☐ Work ☐ Other	☐ Home ☐ Work ☐ Other
	☐ Home ☐ Work ☐ Other	☐ Home ☐ Work ☐ Other

Have you ever served in the Armed Forces, National Guard or military reserves? YES NO

Highest Rank Attained	Rank Discharged	Separation Code	Re-Enlistment Code	Occupation
Branch of Service	Service Number	Dates of Service		Type of Discharge
		From: / /	To: / /	

Experience and Employment

Beginning with your most current employment, please list all jobs, (including part-time, temporary and volunteer positions) you have held in the past ten (10) years. For the purposes of this personal history statement, voluntary work should be included as employment. For identification and verification, please indicate the nature of the activity, i.e., full-time, part-time or voluntary.

Dates of Employment From: To: / /	Name and Address of Employer Telephone Number:	Name of Supervisor
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Voluntary		Name(s) of Co-worker(s)
Title / Duties		
Reason for Leaving:		
Dates of Employment From: To: / /	Name and Address of Employer Telephone Number:	Name of Supervisor
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Voluntary		Name(s) of Co-worker(s)
Title / Duties		
Reason for Leaving:		
Dates of Employment From: To: / /	Name and Address of Employer Telephone Number:	Name of Supervisor
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Voluntary		Name(s) of Co-worker(s)
Title / Duties		
Reason for Leaving:		
Dates of Employment From: To: / /	Name and Address of Employer Telephone Number:	Name of Supervisor
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Voluntary		Name(s) of Co-worker(s)
Title / Duties		
Reason for Leaving:		

Experience and Employment

Would any problem result if your present employer was contacted during the course of the background investigation?

ف YES ف NO

If "NO", when should such contact be made? _____
If you have had no prior employment, please explain in the space below.

Have you ever filed a claim(s) for worker compensation? ف YES ف NO

If "YES", please give details (include when, where, circumstances)

Have you had any extended work absences for reason other than earned vacations ف YES ف NO

If "YES", please give details (include when, where, circumstances)

Have you ever been fired or asked to resign from any place of employment? ف YES ف NO

If "YES", please give details (include when, where and the circumstances)

Have you ever been a successful or unsuccessful candidate for any position requiring peace officer powers? ف YES ف NO

If "YES", please give details (include when, name of agency, circumstances)

Please give a brief explanation why you want to be a volunteer with the El Cajon Police Department

I hereby certify that all statements made in this personal history statement are true and complete, and I understand that any misstatements of material facts will subject me to disqualification or dismissal.

Signature in Full

Date Completed