

SALT LAKE CITY POLICE DEPARTMENT

Volunteer Corps Program Background Application Request



I, *(please print name)* _____, wish to volunteer and participate in the Salt Lake City Police Department's Volunteer Corps program. I do so with the full knowledge that I am not employed by Salt Lake City or the Salt Lake City Police Department. I understand that I am acting as a volunteer and expect no compensation in return for services rendered and that I will be responsible for my own actions. I understand that the personal information provided by me will be used as the basis for a police background investigation to determine my suitability for the program.

I understand that I may have access to law enforcement sensitive information and materials. I agree to keep such information confidential and not share or disseminate with unauthorized persons. I understand that any violation of the terms set forth in this request may result in termination from the program and that I may be subject to criminal prosecution under Utah Code Ann. §63G-2-801.

I acknowledge that Salt Lake City Corporation is not responsible for my actions while serving in this program and that Salt Lake City Corporation is not responsible for any injuries or damages sustained to my personal property as a result of my service.

I certify that all information provided by me is true and accurate to the best of my knowledge. Further, I grant permission for any information developed during the police background investigation to be discussed with various Police department personnel to determine my suitability for the program.

Applicant Signature

Date

Volunteer Coordinator

Date

Return to Volunteer Coordinator
Salt Lake City Police Department
475 South 300 East
Salt Lake City, Utah 84111



Phone _____ E-Mail _____

SALT LAKE CITY CORPORATION AUTHORITY FOR RELEASE HUMAN RESOURCES OF INFORMATION

Last: _____ First: _____ M.I. _____
Address: _____
City: _____ SS#

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State: _____ Zip Code _____
Sex: _____ Race: _____ Date of Birth

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 Place of Birth _____ City: _____ State: _____ Country: _____

My signature on this form, hereby authorizes a review of and full disclosure of all records, or any part thereof, concerning myself, by and to ANY duly authorized agent of the Salt Lake City Corporation, Human Resources, whether the said records are of public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of records of complaint, arrest, trial and/or convictions for alleged or actual violations of law, including criminal, civil and/or traffic records; the results of any polygraph examinations; records of complaint of a civil nature made by or against me, wheresoever located, and to include the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case in which I presently have, or have had an interest.

I reiterate, and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation which may provide pertinent data for the Salt Lake City Corporation, Human Resources, to consider in determining my suitability for employment or credentialing by any City Department. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically identified herein.

I understand that any information obtained by a 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 for employment or credentialing by any City Department. I understand that all materials pertaining to this background investigation become the property of the Salt Lake City Corporation, Human Resources and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

MUST BE SIGNED IN THE PRESENCE OF A NOTARY

Signature: _____ Date: _____

Subscribed and sworn before me this _____ day of _____ 20 _____

Notary: _____

County: _____

My commission expires _____ 20 _____