



**BROKEN ARROW POLICE DEPARTMENT
VOLUNTEERS IN LAW ENFORCEMENT
APPLICATION**

Name: _____ Age: _____ D.O.B: _____

Address: _____ City: _____ State: _____

Previous Addresses for Last 5 Years: _____

Social Security Number: ____ - ____ - ____ Home Phone: (____) ____ - ____

Employer: _____

Business Address: _____

Business Phone: _____ Job Title: _____

Special Skills: _____

Have you Ever Worked for the City of Broken Arrow? YES/NO

If yes, when? _____ What Department? _____

Do any Relatives Work for the City of Broken Arrow? YES/NO

If yes: Name, Relation, Department: _____

Number of School Years Completed in:

High School _____ College _____ Graduate _____

Military Service:

Branch _____ Rank _____ Time Served _____ Discharge _____

Emergency Contact: Name _____ Relationship _____

Address _____ Phone _____

Have you ever applied for a position in law enforcement prior to filling out this application? If yes, explain: _____

Have you ever been arrested or convicted of a crime? If yes, explain: _____

List all traffic citations and accidents for the past two years:

Do you have your own transportation? YES/NO

Is it insured? YES/NO

Previous volunteer service: _____

What duties would interest you most? _____

What days and hours are you available? _____

What are your hobbies and interests? _____

Membership in Community Organizations: _____

List three references (not related to you) Include Name,
Address, and Phone Number:

1). _____

2). _____

3). _____

I understand and agree that any false statement, either verbal or written, may cause the applicant's name to be removed from the eligibility list or be cause for immediately dismissal as a volunteer with the City of Broken Arrow if an appointment is/was made.

I hereby authorize the Broken Arrow Police Department to make a thorough investigation of my entire work, personal, and financial history and verify all data given in my application, related papers, and/or oral interviews. I authorize such investigation and the giving and receiving of any information requested by the Broken Arrow Police Department and I release from liability any person giving or receiving such information. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation may prevent my appointment or, if appointed, may subject me to immediate dismissal.

Signature: _____ Date: _____

Witness: _____

City of Broken Arrow, Oklahoma
Volunteer Agreement & Release of Liability

I seek the opportunity to become a volunteer for the city of Broken Arrow, Oklahoma, and learn about municipal government functions through active participation in government activities. I understand that I will not be paid for my time or services, I am not officially an employee of the City of Broken Arrow, and I may not represent myself as anything other than a volunteer.

I understand that in the course of my work I may obtain or be presented with confidential information, particularly during any work within the Broken Arrow Police Department or with Animal Control. I agree to keep confidential any and all knowledge I may have regarding any cases, prisoners, victims, or any other information of any kind. I understand that violation of this agreement could jeopardize an investigation as well as the safety of myself and/or others. I will not discuss any aspect of the department's work with anyone other than department personnel.

I understand that only official representatives of the City of Broken Arrow are authorized to make statements to the media, and I agree not to make any statements to the media concerning information I have obtained during or as a result of my volunteer work.

In consideration of this opportunity, I acknowledge, understand, and accept all risks which I may be exposed to during the course of my volunteer work, and I agree on behalf of myself, my family, and my heirs, to waive any and all claims, causes of action, and/or damages of any kind or nature, including but not limited to any unforeseen personal injury, including death, animal attack, or other losses or damages, against the City of Broken Arrow, Oklahoma, its employees, agents, or Officers, which may arise out of or in connection with any aspect of my volunteer work for the City of Broken Arrow, Oklahoma, or the Broken Arrow Animal Control Unity.

I am seeking the opportunity to become a volunteer for the city of Broken Arrow voluntarily, and no promises, agreements, or other inducements have been made. I understand that the City of Broken Arrow will rely on this statement by me, and that the terms of this agreement are contractual in nature, and specifically designed to protect the City of Broken Arrow its employees, agents, and officers. I understand that I may terminate my agreement at any time, and that the City may do the same.

I have read and understand the above statement. I have obtained any legal advice I may need prior to signing this document, and I sign this document freely and voluntarily.

Signed this _____ day of the month of _____, 20_____.

Signature

Signature of Parent or Guardian
(If under 18)

Name (Print)

Name of Parent or Guardian
(Print)

STATE OF OKLAHOMA }
 } SS
COUNTY OF TULSA }

On this _____ day of the month of _____, 20_____

Before me personally appeared _____,

Known to me to be the person named herein and who executed the foregoing VOLUNTEER AGREEMENT AND RELEASE OF LIABILITY and who acknowledged to me that he/she knowingly and voluntarily executed the same.

My commission expires: _____

Notary public: _____

City of Broken Arrow, OK

City Of Broken Arrow

Police Department

2302 S. First place * Broken Arrow, Oklahoma 74012
Phone: (918) 259-8400 * FAX: (918) 451-0979



Todd Wuestewald
Chief of Police

AUTHORIZATION TO RELEASE INFORMATION

For reasons sufficient unto myself, I hereby authorize information, which may be on file in any law enforcement agency to be released to the Broken Arrow Police Department. I request the Custodian of Records to permit any such record(s) to be copied, examined, or otherwise reviewed.

I hereby release, indemnify, and hold harmless, the Broken Arrow Police Department, officers, employees, or related personnel, both individually and collectively, from any and all liability or damages of whatever kind which may at any time result to me, my heirs, executors or assignors, as a result of compliance with this Authorization to Release Information, or any attempt to comply with it.

This Authorization to Release Information serves as a waiver of any contact I may have with any organization or individual, and serves as a waiver of any and all legal communication privileges I could claim.

Date

Name

Witness