



ERIE POLICE DEPARTMENT



VOLUNTEER STATEMENT OF CONFIDENTIALITY AND WAIVER FORM

I understand that any material omissions and/or false information I record on the application will be sufficient reason for rejection of this application or termination from the VIPS Program. In addition, I authorize and request former employers, personal references, schools, individual agencies, organizations, or law enforcement agencies to answer any and all questions that may be asked and do here withhold such persons harmless for giving any information within their knowledge or record.

As a condition of acceptance to the VIPS Program, I agree to submit documents relating to my identity and employment (volunteer) authorization within the prescribed time limits in accordance with the Immigration Reform and Control Act of 1986.

I understand that I do not have the right to continue my status or utilize appeal rights as a Volunteer, if terminated. Also, **I understand that I am not an employee of the City of Erie or any department thereof**, and am not eligible for any remuneration or benefits of any kind or nature.

I understand and agree that in the performance of my duties as a volunteer with the Erie Police Department, I will hold all names and information regarding the Department in the strictest confidence. Serving the public provides each of us with a great responsibility. Consequently, there can be no compromise in the requirements for all VIPS to follow the Erie Police Department policies and procedures on records and information and this "Volunteer Statement of Confidentiality".

Any violations of this agreement shall subject Volunteer to termination and possible criminal prosecution.

I shall not permit any person to receive information connected with the operation of the Erie Police Department without permission of the Police Chief or as otherwise provided by law or Department policies and procedures.

I shall not disclose to anyone the fact or the nature of any investigation except as provided by law or Department policies and procedures.

I shall not give any unauthorized person any information concerning the location of records, weapons, or ammunition.

I further agree to release the City of Erie, Colorado, its departments, and employees from accountability for any accident, injury, death, or other liability incurred or suffered by me while carrying out the duties of a Volunteer in Police Service for the Erie Police Department.

Volunteer's Signature: _____ **Date:** _____

Coordinator of Volunteers: _____ **Date:** _____

Witness: _____ **Date:** _____