

**SOUTH BEND POLICE DEPARTMENT
VOLUNTEERS IN POLICING WAIVER OF CLAIM**

As a volunteer in the South Bend Police Department's *VOLUNTEERS IN POLICING* program I am confirming that I have read the following information, that I understand the information and that I will comply with all rules and regulations pertaining to my volunteer duties. Also, I waive all claims for damages of any kind, by me or my estate or heirs, to include accident, injury or death to me or damage of any kind to my personal vehicle while acting as a volunteer for the South Bend Police Department, South Bend, Indiana.

1. I will donate at least four (4) hours of volunteer time per month.
2. I will keep my personal accident / medical insurance and automobile insurance in force and paid at all times. If I do not drive an automobile or own one, then I will not have to have automobile insurance in force.
3. I will report any damages to Police Department equipment as soon as possible and while on my tour of assigned duty.
4. I will report any misconduct of any type by officer, civilian or volunteer personnel, in writing, and as soon as possible to my volunteer and police department supervisors.
5. I will report any civil, traffic or criminal cases pending against me at the time of origination of such cases / actions.
6. I understand that at no time, in dealing with the citizens of our community or visitors to our community, will I use bias or derogatory or preferential treatment toward any person or persons for any reason while I am on assigned duty.
7. I will make sure that any person I am dealing with while on volunteer duty understands that I am a volunteer and not, in any way, a paid employee (sworn officer or civilian) of the South Bend Police Department. To imply, in any way, that I am a public servant, is a violation of Indiana State Law and that I can be criminally prosecuted.

Signed this _____ day of _____, 200_____.

(Printed name)

(Signature)

(Witness)