MOORHEAD POLICE VOLUNTEERS APPLICATION FORM

Tennessen Warning, Minn.Stat.13.04, Subd. 2

The information requested on this form will be used for consideration of your participation in Moorhead Police Department's Police Volunteer program. Its intended use is to assist Moorhead Police Department (MPD) personnel to conduct a background check to verify eligibility of participating as a Police Volunteer. You are not legally obligated to supply the data. However, failure to do so could result in this department's inability to conduct a background check which is required to verify eligibility to become a Police Volunteer. Persons authorized to access information include MPD personnel.

		Date City	
Email			
EDUCATIONAL BACKGROUND			
High School Attended		Graduated No	Yes
Date of graduation	-		
College or Technical Training:			
School	_ Date Attended	Degree_	
School	_ Date Attended	Degree_	
Other Education or Training			
EMPLOYMENT HISTORY			
Current or Most Recent Employer			
Address	Dates Employed		
Your Supervisor's Name	Phone		May we contact?
Position and Primary Duties:			
Other organizations where you have	ve worked or volunte	ered in the past te	n years:
Organization Position and Duties	Dates	Supe	rvisor
Organization Position and Duties	Dates	Supe	ervisor
Organization Position and Duties	Dates	Supe	ervisor

What is your present employment status? ____ Currently employed ____ Not employed Retired

Have you ever been discharged or asked to resign by any employer? No ____ Yes ____ If yes, please explain: ______

Have you ever pleaded guilty, or been convicted of a felony or misdemeanor? No ____ Yes____ If yes, please explain: _____

SPECIAL SKILLS AND ABILITIES

Please identify any special skills, training and abilities you feel may be useful to the Moorhead Police Department: _____

Do you speak Spanish or any other languages? No ____ Yes ____ If yes, please specify:

AVAILABILITY AND TIME COMMITMENT

How much time are you willing to provide the Moorhead Police Department?

Regular schedule: How many hours per week _____? Per Month_____?

Do you have a current MN driver's license? No Yes ____

Please state briefly why you would like to be a part of the Moorhead Police Volunteer Program:

ACTIVITIES AND INTERESTS

The following are activities/projects MPD volunteer frequently perform. Please indicate those that you feel you could perform and/or are interested in learning:

- □ Parking ticket patrol
- □ Monitor handicap parking spaces/fire lanes □ Helping out at special events
- Helping with traffic control
 Computer data entry
 Document scanning
 Child fingerprinting
 Vacation House checks
 Telephone calls to peopl

- Internet research

 - Telephone calls to people with warrants

SOFTWARE/TECHNOLOGY I AM FAMILIAR WITH:

- Microsoft Word
- E-mail
- Copy machine Copy machine
 Other: ______

- Video recorder Document scanner
- Microsoft Excel
 DVD player
 Microsoft Publisher
 PowerPoint

REFERENCES

Please provide the names, addresses and phone numbers of three non-relative references of people who know you well, and that you give us permission to contact:

Person to contact in the event of an emergency: Name _____ Phone _____

I certify that all information contained in this application is true and complete to the best of my knowledge and belief. I further understand that acceptance into the Moorhead Police Volunteers is contingent upon investigation of my previous employment record and references, without further notification to me. I also give the MPD permission to conduct a criminal investigation of my background.

Signature _____ Date _____

BACKGROUND INVESTIGATION

As an applicant for a volunteer position with the Moorhead Police Department, you are being asked to provide information about yourself which will be used to evaluate your suitability for this type of position.

You are not legally required to provide the requested information. However, if you do not, the Moorhead Police Department will be unable to conduct the required background inquires and will not be able to process your application and the City of Moorhead will not be able to consider you for a volunteer position.

YOUR FULL NAM	E		
	First	Middle	Last
OTHER NAMES Y	OU HAVE BEEN F	(NOWN TO USE:	
YOUR CURRENT	ADDRESS:		
OTHER STATES	IN WHICH YOU HA	VE RESIDED:	
BIRTH DATE:			
I hereby authorize volunteer.	the City of Moorhe	ad to use this information to de	etermine my suitability as a MPD
Signature		Date	

CONFIDENTIALITY AGREEMENT

_____ recognize that, if I am accepted into the Moorhead Police Ι, Department Volunteer Program, I will, at times, be in a position to read or come into contact with confidential, private and sensitive information in the course of my volunteer duties.

I understand that this information cannot be copied, removed from the Law Enforcement Center, or shared with anyone other than the Moorhead Police Department employees.

I understand that a violation of this confidentiality agreement will mean termination of my Moorhead Police Volunteer status.

Signature

Date