



Red Bank Police Department

Volunteer Initiatives Program



Please fill out completely. Incomplete applications will not be processed. Please use "N/A" for section(s) that do not apply. The Red Bank Police Department appreciates your interest in service and commends your volunteer spirit. Please be patient during the 4-6 week process.

Please check only one as your Volunteer Choice:

<input type="checkbox"/> Chaplain Program	<input type="checkbox"/> Communicators on Patrol: Language: _____
<input type="checkbox"/> Student Intern	

PERSONAL INFORMATION

Last Name:	First Name:	Age:	Race:	Sex:	Social Security #:
Home Address:		City:			Zip Code:
Home Phone:		Business Phone:		Cell Phone:	
Date of Birth:	Place of Birth:		Email Address:		
Previous Address(s) (Last five years): 					

CRIMINAL HISTORY AND DRIVING RECORD:

New Jersey Driver License Number:	Has your license ever been suspended or revoked: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you ever been arrested? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please explain: 	
Have you ever been convicted of a crime? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please explain: 	

REFERENCES:

DO NOT USE FAMILY MEMBERS AS REFERENCES. List three (3) individuals you have known for at least 5 years. (Please list their name, complete address, and contact telephone number.)

Name	Address	Phone #
1.		
2.		
3.		

EDUCATION BACKGROUND AND MILITARY EXPERIENCE:

High School Attended:	Graduated? Yes <input type="checkbox"/> No <input type="checkbox"/>	Date Graduated:	
College Attended:	Graduated? Yes <input type="checkbox"/> No <input type="checkbox"/>	Date Graduated:	
		Major/Minor Degree	
College Attended:	Graduated? Yes <input type="checkbox"/> No <input type="checkbox"/>	Date Graduated:	
		Major/Minor Degree	
Military Branch:	Rank:	Time Served:	Date Discharged:

EMPLOYMENT HISTORY: If you are retired, please indicate "N/A" for current employer and list prior employment information only.

Current Employer:	Occupation:	From Date:	To Date:
Supervisor:	Phone Number:		
Employment for the past ten years: (Please include the firm's name, address, supervisor, and dates):			
1.			
2.			
3.			

OTHER INFORMATION:

Have you ever applied to the Red Bank Police Department? Yes No

If yes, how many times have you applied and when?

If rejected, please explain:

Have you volunteered before? If yes, where and what did you do:

Please briefly state why you wish to volunteer your time with the Red Bank Police Department. (Use another sheet if necessary) ***This question must be answered.***

Chaplain Volunteers, please fill out the information below:

Name of Congregation Leader:	Name of Congregation:
Address:	City, State & Zip:
Office Phone:	Email Address:

VOLUNTEER INITIATIVE PROGRAM (VIP) ACKNOWLEDGEMENT, WAIVER AND RELEASE

This form must be signed by each volunteer who will participate (Participant) in or otherwise be involved with the Borough of Red Bank (Borough) Volunteer Program (Program). Volunteers under age 18 must have this form signed by a parent or legal guardian.

I ACKNOWLEDGE and UNDERSTAND that I am volunteering my services to the Program gratuitously, without any express or implied promise by the Borough to compensate me for my services, and I ACKNOWLEDGE and UNDERSTAND that I am not entitled to, and will not receive, remuneration of any kind, including, but not limited to, salary or reimbursement for my transportation, parking, travel, or any other expenses whatsoever which may be incidental to my services as a volunteer for the Program.

I ACKNOWLEDGE and UNDERSTAND that I am not an employee of the Borough and therefore am not entitled to any benefits normally associated with employment, including, but not limited to, Workers Compensation, retirement and leave accrual.

I ACKNOWLEDGE and UNDERSTAND that there has been, and will be, no promise of future employment with the Borough.

I ACKNOWLEDGE and UNDERSTAND that I am not an agent of the Borough and will not make any commitment on behalf of the Borough to third parties.

I ACKNOWLEDGE and UNDERSTAND that I must conform to the rules and regulations of the Borough to the best of my ability including but not limited to timely arrival at the office or work site to commence my services as a volunteer and timely notification if I cannot be in attendance. Failure to confirm to these rules are grounds for my termination at any time by the Borough.

I ACKNOWLEDGE and UNDERSTAND that I will be participating in the Program at my own risk. I affirm that I am physically fit and prepared to perform services in the Program. I will not create an unsafe situation for myself or other individuals, nor will I use any tool or engage in any task which I am not completely comfortable. I will abide by all applicable federal, state and local laws as well as the rules and directions of the Program coordinators. I will call to the attention of a safety coordinator any situation that I feel is unsafe.

I ACKNOWLEDGE and UNDERSTAND that I may be exposed to confidential information while participating in the Program and I agree to respect the confidential nature of all information whether in files, electronic form, and/or any other confidential information which may be revealed to me in any other manner (including contacts with third parties who relate confidential information to the Borough). I also agree not to remove such information via copies or by other recording means from the Borough's work locations. I represent and warrant that I am not currently representing a member of, and/or associated with any person or entity against any Borough interests. I further agree that I will not represent any person or entity in the future in a matter adverse to the Borough.

I represent and warrant that I have never been charged with or convicted of a violation of any criminal statute, whether felony or misdemeanor, (excluding parking violations) and further represent and warrant that I am not now nor have never been on any form of parole, probation or deferred adjudication. I hereby authorize the Borough to research my personal background, as it deems necessary, for my driving records and criminal history. I further authorize the Borough to perform a drug test if my volunteer services include safety impact duties

In consideration of being permitted to participate in the program, I the undersigned for and on behalf of myself, my minor child (if applicable), my heirs, executors, administrators and assigns, hereby release acquit and forever discharge the Borough of Red Bank, New Jersey together with its former and present elected and appointed officials, directors, legal representatives, agents, servants, employees (in both their public and private capacities), volunteers, successors, assigns, and all affiliated persons and entities (hereafter collectively "Borough") from and against any and all liabilities of every kind, claims, causes of action whether at law or in equity, in contract or tort, under statutory or common law or pursuant to the New Jersey or United States Constitution including all expenses of litigation, costs and attorney fees known and unknown losses, judgments, fines demands, damages, loss of use or services, or injuries to real and or personal property and/or persons (including death)(collectively claims), caused by arising out of touching upon or in any way relating to the program and/or the presence malfunction, maintenance, addition, substitution, use or condition of any tangible personal or real property owned, leased, operated or utilized by the Borough in connection with the program even if the claim is the result of the actual or alleged sole negligence of the Borough and/or the result of the actual or alleged gross negligence of the Borough and/or the actual or alleged joint or concurrent negligence of the Borough and the actual or alleged joint or concurrent negligence or the Borough and another person or entity, and/or the actual or alleged strict, statutory or constitutional liability of the Borough.

Finally, I hereby grant the Borough full and complete permission to use in legitimate promotions of the program photographs, video shots and quotations from me.

Participant Signature	Participant Name
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Student ID/Driver's License Number	Date
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If under 18, signature of Parent/Guardian	Printed Name of Parent/Guardian
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Address	City	Zip
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Phone	E-Mail
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RELEASE OF INFORMATION

I, the undersigned, _____, hereby authorize, within 3 months of date of this document, the release to the Red Bank Police Department of any and all records which relate to my personal and professional background, experience and qualifications for the position of _____ and which reflect upon my merit and fitness for public service, including but not limited to financial, personnel, employment, educational, selective service, military, and arrest records and reports.

In addition, I also agree to release any and all persons and legal entities from any and all liability arising out of the release of the records described herein to the parties specified herein.

I am aware that this instrument may be photocopied in its use and hereby acknowledge the validity of my signature on such duplicated copy and in addition that I may revoke such authorization at any time before the records are disclosed.

DATE

SIGNATURE

ADDRESS

CITY

STATE / ZIP

DATE OF BIRTH

SOCIAL SECURITY NUMBER

STATE OF NEW JERSEY
COUNTY OF MONMOUTH

On this _____ day of _____, 20 ____ before me personally came _____ to me, known to be the individual described in and who executed the forgoing instrument and acknowledged that he/she executed same.

NOTARY PUBLIC