

TALLAHASSEE POLICE DEPARTMENT



Now Accepting Applications for:

VOLUNTEERS



CONTACT:
Charlotte Odom
Employee Resources
Tallahassee Police Department
234 E. 7th Avenue
Tallahassee, FL 32303
(850) 891-4361
Charlotte.Odom@talgov.com
An Equal Opportunity Employer

Why would you like to volunteer with Tallahassee Police Department? _____

**TALLAHASSEE POLICE DEPARTMENT
Volunteer Services**

Confidentiality Agreement

As a participant with the Tallahassee Police Department you will be involved with and handle confidential information in the course of your daily duties. **Police reports are CONFIDENTIAL.** No information, materials, or records concerning victims or suspects may be released or discussed with anyone outside the Tallahassee Police Department.

I, _____, understand the victims' right to privacy is protected by Florida Statutes and that failure to respect confidentiality of victims and their situation will be considered as cause for dismissal from the program.

Applicant Signature: _____ **Date:** _____

By signing this statement, I acknowledge that all information contained in this application is correct to the best of my knowledge. I understand that any falsification of information will be cause for immediate disqualification from the program. I understand that the Volunteer Coordinator will conduct periodic background checks and that any arrests while serving as a volunteer are cause for dismissal. I agree to inform the Volunteer Coordinator within 48 hours of any arrest.

As a volunteer, I will perform my duties to the best of my ability, observe the job guidelines and the direction of my supervisors, meet time commitments, and provide adequate notice so that alternate arrangements can be made in case of my absence.

VOLUNTEER

DATE

Emergency Contact Information

In case of an emergency, please contact:

Name: _____ or Name: _____

Phone : _____ Phone: _____

Alt. Phone: _____ Alt. Phone: _____

Background Investigation

I authorize the Volunteer Coordinator of the Tallahassee police Department to verify information in this application and to perform a check of my background as it applies to the volunteer jobs in which I expressed an interest. I have no objection to having my record cleared through this law enforcement agency. I understand that all such information collected during the check will be kept confidential.

Volunteer Applicant

Date

For Office Use Only:

	Cleared	Date	Initials
NCIC/FCIC:	_____	_____	_____
JIS:	_____	_____	_____
TPD Records:	_____	_____	_____
Courts:	_____	_____	_____
Intel:	_____	_____	_____
Deviant:	_____	_____	_____

Recommendation: _____

Background Investigator

Date

Unit Assigned to: _____

Position: _____

Supervisor: _____

ID # _____ Orientation Date: _____ Start Date: _____

