



# DeLand Police Department

## Volunteer Application

*Persons accepted to participate in any volunteer program within the police department must undergo a background check. The information requested here is for that purpose and will be kept confidential. In the interest of safety and security, convicted felons, known associates or participants in any gang activity, and those with a questionable agenda may be rejected.*

**Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

**Phone # 1** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Please circle one (Home) (Cell) (Work)**

**Phone # 2** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Please circle one (Home) (Cell) (Work)**

**Drivers License Number:** \_\_\_\_\_

**Place of birth:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Race:** \_\_\_\_\_

**Make/year of vehicle:** \_\_\_\_\_ **Tag** \_\_\_\_\_ **State** \_\_\_\_\_

**Emergency Contact information (If under the age of 18 mandatory information required)**

**Name:** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Phone Number:** (\_\_\_\_) \_\_\_\_\_

**Address:** \_\_\_\_\_

What program are you interest in?	Check here
Citizens Police Academy	
Citizens Police Academy Alumni Association (Must Complete Citizens Police Academy)	
Intern Program (College or work requirement)	
General Volunteer	

Neighborhood Watch Program Coordinator/Block Captain	
Youth Cadet Leadership Academy	
Youth Cadet Program (12-20 Years of Age (Additional Application required))	

**Safety Information:**

**Please explain any physical limitations you have that may prevent your ability to fully participate in an activity. Examples may include lifting, bending, or reaching.**

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**Why do you wish to volunteer?**

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**Tell us about any special skills you possess.**

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**Background Authorization:**

**I certify that all answers to the above questions are true. I understand that any falsified or misleading statements of material facts in this questionnaire will be cause for disqualification from participation. I acknowledge that the DeLand Police Department reserves the right to terminate me from any Volunteer Program at any time and is under no obligation to accept or retain me in any capacity.**

**By my signature, I authorize the DeLand Police Department to conduct a criminal history background check on me. I understand that information received is considered confidential and will not be released to any outside entity.**

**I further understand that I may be asked, if accepted, to comply and accept by signature with rules & regulations of the Police Department and the City of DeLand.**

**Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**If under the age of 18 Legal Guardian or Parent Signature**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**DEPARTMENTAL USE ONLY**

\_\_\_\_ CH Check/CJIS      \_\_\_\_ DL Check      \_\_\_\_ Tiburon Search      \_\_\_\_ Livescan

**Commentary:**

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**Reviewer:** \_\_\_\_\_ **Initials** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Additional / future information:**

**(For use if applicant completes CPA and/or changes to another program. This space can be used for recommendations, significant findings, or documentation of any action.)**

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**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

## Security Awareness Acknowledgment for Non-Criminal Justice Personnel

I, \_\_\_\_\_, have read the following, or have had it read and explained to me, and understand and agree that:

My duties require me to work or be present in areas where Criminal Justice Information (CJI) may be seen. I realize that this information is sensitive in nature and will not discuss or reveal any CJI to anyone.

CJI refers to state and federal criminal justice data, which may include case/incident information, identity information (including fingerprints and other forms of biometric data), and property (such as vehicle or firearm) data.

Access to or use of CJI (such as viewing, reading, copying, sharing) is strictly limited to official purposes, specifically the **administration of criminal justice**.

The term "administration of criminal justice" is defined in state law, at Section 943.045(2), Florida Statutes, as follows:

"Administration of criminal justice" means performing functions of detection, apprehension, detention, pretrial release, post-trial release, prosecution, adjudication, correctional supervision, or rehabilitation of accused persons or criminal offenders by governmental agencies. The administration of criminal justice includes criminal identification activities and the collection, processing, storage, and dissemination of criminal justice information by governmental agencies.

My work-related duties, as defined by my employer and understood by me, do not in any way involve the administration of criminal justice, as defined above.

In the course of my work-related duties, I may see or learn of (as by hearing mention of) CJI.

Because I have no responsibility or authority for handling CJI, I will not access, use, view, copy, disseminate, or disclose (in writing or in conversation) CJI, nor will I take part in the physical destruction of CJI. I am aware that doing so would be considered misuse of CJI.

I further understand that misuse of CJI is not limited to situations in which the CJI is used by me or others for purposes or in a manner that could be punished under the criminal laws of Florida or of the United States.

I acknowledge that misuse of CJI may subject me to administrative action (such as termination of employment or contract), civil penalties and/or criminal penalties.

I agree and commit that if I hear, see, or otherwise become aware of actual or potential misuse of CJJ, or of a situation that may cause or contribute to the misuse of CJJ, I will promptly report same to the **Supervisor** who oversees the Unit or Division I am assigned to at the time of the incident.

I agree and commit that I will not allow, by action or inaction, the unescorted entry into any secure (protected) area by anyone who is not known to me to be authorized to enter such area.

I have read and understand the information above regarding the importance of protecting CJJ, and have asked and received a satisfactory answer to any questions I had concerning the duties and restrictions imposed on me with respect to CJJ.

I hereby confirm that the above signed individual has read the above document (or had it read to him or her), and been given the opportunity to ask questions. I have answered any questions and/or clarified any issues he or she posed regarding information security requirements.

\_\_\_\_\_  
Signature of Individual

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Criminal justice Agency Representative

\_\_\_\_\_  
Date

**DeLand Police Department**  
Criminal Justice Agency

**FL0600200**  
ORI

# DELAND POLICE DEPARTMENT VOLUNTEER PROGRAM

It is the intent of the volunteer program to offer citizens who are interested in assisting our agency, a rewarding and insightful experience by providing an opportunity to work in various areas in this organization. Our hope is for an exchange of knowledge and familiarization with our citizenry.

## **PREREQUISITE**

The volunteer should have an interest in the knowledge/experience of the police profession. They must be at least 18 yrs. old or if under said age their guardian or parent's permission, a U.S. citizen and successfully undergo a background check as required by departmental policy. They will be briefed on the activities where they will be involved and at no time will they be put in a position of unnecessary danger as their safety will be of primary importance. They will be required to sign a hold harmless agreement and a confidentiality agreement prior to riding in any marked police vehicle or accompanying any sworn officer in response to a call for service. Acceptance will be based on need and/or ability to accommodate the volunteer without unnecessarily disturbing the normal flow of operations within the department.

## **CONDUCT**

Respect will be shown at all times to members of the DeLand Police Department and the public. Failure to comply will result in termination of volunteer status.

Should the volunteer become the subject of disrespect, sexual harassment or conduct encouraging such behavior, it will be promptly reported to a supervisor.

As a matter of safety, the volunteer will follow the direction of any sworn officer they are assigned without delay or question while in the public eye as the officer performs their duties.

The volunteer fully understands that information concerning any member of the public, personal information concerning a member of DeLand Police Department or information concerning a case not released to the public is **strictly confidential**.

## **DRESS CODE:**

The volunteer may wear casual attire but may not include athletic tank tops, muscle tees, ripped, torn or frayed clothing. The midriff and all undergarments will be covered. See-through clothing, low cut tops, short skirts or other revealing clothing will not be allowed. All clothing, jewelry or tattoos shall be free of profanity; violent wording, suggestion or images; sexually suggestive

phrases or images; gang related symbols; alcohol, tobacco, drugs or advertisements for such products. Extreme heels, cumbersome or extravagant clothing are not appropriate.

## Volunteer Accountability Agreement

This is an agreement entered into between the DeLand Police Department and the undersigned volunteer.

I understand that I am accountable for my conduct during and concerning my activities as a volunteer with the City of DeLand and the DeLand Police Department. I understand that any misconduct by me may be justification for termination of my participation in the volunteer program. The DeLand Police Department may terminate my participation in the volunteer program at any time without cause. This agreement does not constitute employment or promise of employment by the City of DeLand or the DeLand Police Department. I also agree to the following conditions and any other requirements that may be mandated by the City of DeLand or the DeLand Police Department agents and representatives:

1. Dress: I will dress appropriately for my activities and according to standards of DeLand Police Department.
2. Chain of authority: I will observe and comply with the authority structure of the DeLand Police Department.
3. Media: I will have no contact or communication with the media regarding any police activity. Only the appropriate agency spokesperson represents the agency.
4. Attitude: I am at the work site to assist. I will be respectful and courteous to personnel, and others that I encounter in work related circumstances. I will not intercede or interject myself in official activities of DeLand Police Department or City of DeLand personnel, unless requested to do so by an official representative of those entities. Questions of concern may be discussed in circumstances removed from an active situation for my learning enhancement.
5. Attendance: I will be prompt for scheduled assignments. I will not be absent from a scheduled assignment without notification to the person I report to at least one day in advance, or as soon as possible in the case of an unforeseen necessary absence.
6. Misrepresentation of authority: I have no official authority conveyed by the City of DeLand or DeLand Police Department. I will not represent myself in any manner as having official authority of the police department or the City of DeLand. I will not interact with persons who may be subject to the official activities of the DeLand Police Department, unless specifically requested to do so by an official of the police department.
7. Confidentiality: A vital component of the justice system is the ability to maintain confidentiality. People and organizations can be harmed by breaches of confidentiality. Some information is specifically protected as confidential and for law enforcement use only under Florida law. Disclosure of some information contrary to Florida law is illegal and may be a criminal violation. I will not divulge or inappropriately communicate to others any information I may obtain through my activities with the DeLand Police Department or the City of DeLand.
8. Extent of my obligation: I understand that my obligations of confidentiality do not expire or terminate upon the completion of my volunteer. It is the intention of the City of DeLand, DeLand Police Department, myself and other parties associated with this volunteer program, that the confidentiality extend indefinitely, unless, and only to the extent as may be required by law, or the expressed consent of the City of DeLand or DeLand Police Department.

I also affirm that I am eighteen years of age or older.

Volunteer signature: \_\_\_\_\_

Date: \_\_\_\_\_

Volunteer name printed: \_\_\_\_\_

**Administrative Use only**

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DeLand Police Department volunteer coordinator,

\_\_\_\_\_  
(signature)

Date: \_\_\_\_\_

Coordinator or Designee name printed:

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