NEW ORLEANS POLICE DEPARTMENT

Volunteer Application (Please Print or Type)

PERSONAL INFORMATION:

Last Name	First Nan	ne		Mic	Idle Initial
Home Address					
City		State		ZIP	
Date of Birth	0	ther name	es used		
Home Phone		Cell Pho	ne		
Work Phone		Message	.		
Email Address					
EDUCATION BACKGRO	UND AND MILITA	RY EXE	PERIENCE:		
Please circle the highest leve	l of education comple	eted:			
High School 1 2 3 4		Colleg	e 1 2 3 4 5	6 7 8	
Degrees or certificates earne	d				
Military Service Branch	Ra	ank		Time	Served
Date Discharged					
Do you speak or read a forei	gn language? Yes	No	If so, which	one(s)?	
CRIMINAL HISTORY AN	ND DRIVING RECO)RD:			
Driver's License Number			_ State Issued	l	
Has your license ever been s	uspended or revoked?	Yes	No		
Traffic citations and acciden	ts for the last 5 years:				
Have you ever been question misdemeanor or felony, other		_		or issued a	citation for any
Have you ever been convicted	ed of a crime?	Yes	No		
If yes, please explain:					

REFERENCES:

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

1. Name		
Stress Address, C	ity, State, Zip	
Phone Number		
2. Name		
Stress Address, C	lity, State, Zip	
Phone Number		
3. Name		
	lity, State, Zip	
Phone Number		
CURRENT EMPLO	YER: (Please fill out completely)	
Firm Name	Supervis	sor
Street Address, City, S	State, Zip	
Phone		
VOLUNTEER INTE How much time do yo	CREST: u have to volunteer? (Please circle)	
Hours per week	Hours Available	Days Available
5 10 15 20+		M T W Th F S S
Areas interest in volun	nteering in	
List any skills or intere additional sheets if ne	ests which would assist in placing you in an app ecessary)	propriate assignments (Attach

List any memberships in any community organizations and previous/present volunteer experience.

INFORMATION AUTHORIZATION

New Orleans Police Department any information considered in questionnaire. A copy of this authorization shall be considered New Orleans Police Department performing a background che privacy I may have in such information for the limited purpose considering it for determining my suitability as a volunteer.	decessary for the purpose of processing this das valid as the original. I consent to the eck into my history, and waive any right to
Signature	Date
LETTER OF UNDERSTANDING AND HOLI	O HARMLESS AGREEMENT
I understand that I am not an employee of the New Orleans Popayment for services rendered, nor am I entitled to compensate below. I further acknowledge that I am a volunteer for purpose to volunteer my services to the City of New Orleans Police Department perform their duties. I understevoked at any time. In consideration of the above granted and valuable consideration, I, my assigned heirs, executors, or age Orleans and the New Orleans Police Department harmless. I and the New Orleans Police Department, and their agents and damages, losses and expenses arising out of the above describe activities which is for bodily injury, illness or death, or proper	ion or fringe benefits other than set forth ses of the Fair Labor Standards Act. I wish epartment and/or observe members of the stand that my status as a Volunteer may be thority to observe and other good and nts hereby agree to hold the City of New agree to indemnify the City of New Orleans employees from any and all claims, ed observations, volunteer work and related
Signature Date _	
SWORN TO AND SUBSCRIBED TO ME on this date, the _	day of

NOTARY

NEW ORLEANS POLICE DEPARTMENT

CONFIDENTIALITY AGREEMENT

- Volunteer in service of the New Orleans Police Department shall not disclose or allow access to
 information contained in or obtained from local Criminal History Information, records maintained by the
 City, State of Louisiana, or material, documents and information received from the Federal Bureau of
 Investigations, or any other agency of Local, State or Federal government, unless such disclosure or access
 is authorized by law.
- 2. Volunteers shall not use any information derived from the New Orleans Police Department sources or records for personal gain or use, except as authorized by law or by the New Orleans Police Department.
- 3. Volunteers shall not permit any person to receive information connected with the operation of the New Orleans Police Department without permission of the Superintendent of Police or as otherwise provided by law or by Department policies and procedures.
- 4. Volunteers shall not disclose to anyone the fact or nature of any investigation except as provided by law or by Departmental policies and procedures.
- 5. Volunteers shall not give any unauthorized person any information concerning the location of records, weapons, ammunition, the number of officers on duty, shift assignment or patrol areas.
- 6. Serving the citizens of New Orleans provides each of us with tremendous responsibility. Consequently there can be no compromise in the requirement for all volunteers to follow the New Orleans Police Department policies and procedures on records and this "Notice of Confidentiality of Department Information"

ANY VIOLATION OF SAID REQUIREMENTS SHALL SUBJECT VOLUNTEER TO TERMINATION AND/OR APPROPRIATE LEGAL ACTION

The laws of the State of Louisiana provide for both criminal and civil sanctions for unlawful release of confidential information.

I hereby certify that I have read and understand this Volunteer Application and NOTICE OF CONFIDENTIALITY OF DEPARTMENT INFORMATION

Printed Name of Volunteer		
Signed	Date;	
Parent Signature Required if under the age of 18		
Witness	_	
Ronal W. Serpas		

Superintendent of Police