



CITY OF PROSSER, WA

601 7th Street, Prosser, Washington 99350 (509)786-2332 Fax (509)786-3717

Application for VOLUNTEER PROGRAM RESERVE OFFICER

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: (____) _____ E-mail Address: _____

Volunteer Program Applying For: _____

	YES	NO		YES	NO
Are you a citizen of the United States?	<input type="checkbox"/>	<input type="checkbox"/>	If no, are you authorized to work in the U.S.?	<input type="checkbox"/>	<input type="checkbox"/>
	YES	NO			
Have you ever worked for this company?	<input type="checkbox"/>	<input type="checkbox"/>	If so, when? _____		
	YES	NO			
Have you ever been convicted of a felony?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, explain: _____		

References

Please list three references.

Full Name: _____ Relationship: _____

Company: _____ Phone: (____) _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: (____) _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: (____) _____

Address: _____

Disclaimer and Signature

I hereby volunteer my service to perform only the services directly authorized by the City of Prosser staff. I understand I will not be compensated for my work, and I perform my volunteer activities in a responsible manner. I hereby identify that I am capable of performing the volunteer activities.

Signature: _____ Date: _____

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, age, disability, religion, sex, and familial status. (Not all prohibited bases apply to all programs). To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800)795-3272 (voice) or (202)720-6382 (TDD).

AUTHORITY FOR RELEASE OF INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME
PLACE OF BIRTH CITY OR COUNTY	STATE	COUNTRY
SSN:	SEX	RACE
		DATE OF BIRTH (MM/DD/YYYY)

I, _____, do hereby authorize a review and full disclosure of all records, or any part thereof, concerning myself, by and to ANY duly authorized agent of the Prosser Police Department, whether the said records are of public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial or credit institutions, including records of deposits, withdrawals and balances of checking and savings accounts, and loans, and also the records of commercial or retail credit agencies (including credit reports and/or ratings); public utility companies; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against salary records; real and personal property tax statements and records, and other financial statements and records wherever filed; records of complaint, arrest, trial and/or convictions for alleged or actual violations of law, including criminal, civil and/or traffic records; the results of any polygraph examinations; records of complaint of a civil nature made by or against me, wheresoever located, to include the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any actions in which I presently have, or have had an interest.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Prosser Police Department. I understand that all materials pertaining to this background investigation becomes the property of the Prosser Police Department and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of, or by reason of, complying with this request . It is further understood that in the event my application is disapproved, the sources of confidential information cannot be revealed to me.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

SIGNATURE _____
DATE

STATE OF _____
COUNTY OF _____
Signed or attested before me on _____ by _____
(Date) (Name of Person)

(Signature)

(Printed)

(Title)

My Appointment Expires: _____