



Harlingen Police Department Volunteers in Policing Application



Please fill out completely or the application will not be processed. If any section does not apply to you, please indicate by writing "N/A." The Harlingen Police Department appreciates your interest in service and commends your spirit to volunteer.

PERSONAL INFORMATION

Last Name	First Name	Age:	Social Security #	Date of Birth:
Home Address:			City, State, Zip	Place of Birth:
Home Phone:	Years at resident:	Other names used:		

PREVIOUS ADDRESS FOR LAST FIVE YEARS

1
2
3
4
5

CRIMINAL HISTORY AND DRIVING RECORD

Texas Drivers License Number	Has your license ever been suspended or revoked? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever been convicted of a crime? YES <input type="checkbox"/> NO <input type="checkbox"/>	
If yes, please explain:	
Traffic citations and accidents for the past two years:	

REFERENCES

DO NOT USE FAMILY MEMBERS AS REFERENCES.
List three (3) individuals you have known for at least 5 years. Please include name, complete address with zip code and phone number.

Name	Address, City, Zip Code	Phone #
1		
2		
3		

EDUCATION, BACKGROUND & MILITARY EXPERIENCE

Please check highest level of education completed:

Some High School High School Some College College Degree Masters or above

High School Attended:	College Attended:		
Military Service Branch:	Rank:	Time Served:	Discharge Date:

EMPLOYER HISTORY Please fill out completely. If you are retired, indicate N/A			
Current Employer:	Occupation:	Start Date:	End Date:
Business Address:		Business Phone:	

EMPLOYMENT FOR PAST FIVE YEARS Please include firm name, address, supervisor, dates
1
2
3
4

VOLUNTEER TASK DATA
Listed below are the available positions, please fill in your three choices in the spaces provided at the bottom of this page
<ul style="list-style-type: none"> Squad Car Maintenance Team Clerical Support Team Speed Watch Team Vacation Watch Bears on Patrol Hike & Bike Trail Patrol Police Tours Crime Lab Assistance Prisoner Processing Criminal Investigation Division Assistant Child Advocacy Assistant Illegal Parking Enforcement Patrol during special events Special Services Unit (McGruff, Red Ribbon Week, Neighborhood Watch, etc.)

Area of Police Department I am most interested in:
1st choice:
2nd choice:
3rd choice:

SIGNATURE _____	DATE: _____
-----------------	-------------

FOR OFFICE USE ONLY:			
Date Received:	Reviewed By:		
Approved <input type="checkbox"/>	Assigned Task:	Start Date:	
Not Approved: <input type="checkbox"/>	Reason:		

**CITY OF HARLINGEN
AUTHORIZATION FOR RELEASE OF INFORMATION**

I, the undersigned _____, hereby authorize the City of Harlingen to obtain any information from my present or former employers and their employees and representatives relating to my employment and job performance. I hereby direct my present or former employers and their employees and their representatives to release such information upon request to the City of Harlingen, either verbally or in writing. I understand that the information released is for use by the City of Harlingen and may be disclosed to such third parties as the City deems necessary. I hereby fully waive any rights or claims I have or may have against my present and former employers and the City of Harlingen and their officials, employees, representatives, and agents. I release, indemnify and hold harmless my present and former employers and the City of Harlingen and their officials, employees, representatives, and agents from any and all liability claims, or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me.

The intent of this authorization is to give my consent for full and complete disclosure of the records of education institutions, financial or credit institutions (including records of loans), employment and pre-employment records (including background reports), efficiency ratings, complaints or grievances filed by or against me; and the records and recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest.

I also certify that any person(s) who may furnish information concerning me shall not be held legally accountable for providing information in any way, and I do hereby release said person(s) from any and all liability, including liability for any negligent act of any party furnishing such information which may be incurred as a result of furnishing such information.

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

Signature

Date

Signature

Date