

Please note that applicants must be 18 years of age or older to join the program.

TAMPA POLICE DEPARTMENT
VOLUNTEER PERSONAL INFORMATION

The identifying information requested is necessary to complete a warrant check and background investigation. Please do not leave any blank spaces.

NAME: _____

ADDRESS: _____ CITY, STATE, ZIP: _____

HOME PHONE: _____ BUSINESS PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

NICKNAME: _____

DATE OF BIRTH: _____ BIRTHPLACE: _____ MALE
FEMALE

HAIR COLOR: _____ EYES: _____ HEIGHT: _____ WEIGHT: _____

RACE: _____ MARITAL STATUS: _____

SOCIAL SECURITY NUMBER: _____

TYPE OF, AND NUMBER FROM, PHOTO ID PRESENTED: _____

SPOUSE NAME (IF APPLICABLE): _____ D.O.B.: _____

CHILDREN

NAME	D.O.B.

APPROXIMATE AVAILABILITY: _____

SKILLS AVAILABLE: Foreign Language(s): _____ Typing (WPM): _____

Word Processing: _____ Public Speaking: _____ Data Entry: _____

Special Projects: _____ Call-Outs: _____

IN CASE OF EMERGENCY NOTIFY:	
TELEPHONE NUMBERS:	

MILITARY SERVICE

BRANCH: _____ LENGTH OF SERVICE: _____

TYPE OF DISCHARGE: _____ RESERVE STATUS: _____

CRIMINAL HISTORY

HAVE YOU EVER BEEN ARRESTED? _____ CONVICTED? _____

IF YES, WHAT CHARGE(S)? _____

EMPLOYMENT & EDUCATION

MOST RECENT OR PRESENT EMPLOYER OR SCHOOL/UNIVERSITY: _____

WHY DO YOU WANT TO BECOME A VOLUNTEER? _____

WHAT DO YOU HOPE TO GAIN BY VOLUNTEERING AT THE TAMPA POLICE DEPARTMENT? _____

Return this form to:

Tampa Police Department
One Police Center - 5th Floor
411 N. Franklin St. - Tampa, FL 33602
Telephone Number (813) 276-3432, Fax Number (813) 276-3402
It can also be returned in person to the Information Counter
In the main lobby of the Tampa Police Department

FOR OFFICE USE ONLY

INTERVIEW DATE:	_____
INTERVIEWER:	_____

Original to Personnel _____

Copy to Volunteers _____

CIVILIAN VOLUNTEER PROGRAM STATEMENT

I, _____ understand that:

The City of Tampa is governed under Chapter 440, Florida State Statutes, for volunteer Worker's Compensation for injuries received while working on city assignments. The expenses covered are only for treatment actually received for necessary medical, surgical, dental, hospital and ambulance services arising from volunteer activities as further defined by statute.

The coverage described does not cover any loss or expense for:

1. Any Volunteer who has not been appointed to the Civilian Volunteer Program.
2. Volunteers working outside the scope of their assigned duties.
3. Volunteers traveling to and from the Tampa Police Department.

As a volunteer, I realize that I am subject to a code of ethics similar to that of a professional police officer. I understand that I may be subject to a background investigation.

I will exercise self-restraint and be constantly mindful of the welfare of others. I will be exemplary in obeying the laws of the United States, the State of Florida and the City of Tampa. Whatever I see or hear of a confidential nature, or that is confided in me in my official capacity, will be kept secure unless revelation is necessary in the performance of my duty.

As a volunteer, I have agreed to work without monetary compensation and agree to conduct myself according to the same standards as the professional staff. I understand that my participation in the Tampa Police Department's Civilian Volunteer Program may be terminated at any time, for any reason, or for no reason at all.

I will never take selfish advantage of my position and will not allow my personal feelings, animosities or friendships to influence my actions or decisions. I will exercise the responsibility and authority entrusted to me to the best of my ability, with courtesy, enthusiasm an attention, without malice or ill will.

I hereby certify that I have read the above Code of Conduct and agree to abide by it.

Signature

Date