

COMMUNITY SERVICES VOLUNTEERS
ROCHESTER / OLMSTED COUNTY LAW ENFORCEMENT

NAME: _____
(last) (first) (full middle)

ADDRESS: _____

TELEPHONE: _____ DATE OF BIRTH: _____

EMAIL ADDRESS _____

VALID DRIVER LICENSE? YES: ____ NO ____ LICENSE NUMBER _____

PREVIOUS WORK EXPERIENCE: _____

ARE YOU PRESENTLY EMPLOYED? YES ____ NO ____ If yes, hours worked per week: _____

MOST RECENT EMPLOYMENT (LAST 5 YEARS):

PREVIOUS EMPLOYER: _____ JOB TITLE: _____

PREVIOUS EMPLOYER: _____ JOB TITLE: _____

SPECIAL INTERESTS, SKILLS OR HOBBIES: _____

PREVIOUS VOLUNTEER EXPERIENCE: _____

AVAILABLE TO WORK: HOURS PER WEEK: _____ DAY(S) AVAILABLE _____

EMERGENCY CONTACT PERSON: _____ TELEPHONE: _____

ARE YOU VOLUNTEERING FOR:

T.R.I.A.D. _____

VIPS _____

OTHER _____

RETURN TO: CRIME PREVENTION UNIT
ROCHESTER POLICE DEPT
4001 WEST RIVER PARKWAY NW
ROCHESTER, MN 55901

WE ARE INTERESTED IN ANY FURTHER INFORMATION OR COMMENTS YOU MIGHT WISH TO OFFER:

CONSENT FOR THE RELEASE OF INFORMATION

I, _____
(name of individual authorizing release)

AUTHORIZE THE ROCHESTER POLICE DEPARTMENT OR THE OLMSTED COUNTY SHERIFF DEPARTMENT TO CONDUCT A BACKGROUND CHECK ON MYSELF, INCLUDING LOCAL RECORDS CHECKS, NATIONAL CRIME INFORMATION CHECKS AND MINNESOTA BUREAU OF CRIMINAL APPREHENSION CHECKS WHICH WILL INCLUDE:

- 1) CRIMINAL RECORD
- 2) DRIVING RECORD

FOR THE PURPOSE OF THE ROCHESTER/OLMSTED COUNTY LAW ENFORCEMENT DEPARTMENT VOLUNTEER PROGRAM.

I UNDERSTAND THAT MY RECORDS ARE PROTECTED UNDER STATE AND /OR FEDERAL PRIVACY LAWS AND CANNOT BE DISCLOSED WITHOUT MY WRITTEN CONSENT UNLESS OTHERWISE PROVIDED BY STATE OR FEDERAL LAW. I ALSO UNDERSTAND THAT I MAY REVOKE THIS CONSENT AT ANY TIME EXCEPT TO THE EXTENT THAT ACTION HAS BEEN TAKEN IN RELIANCE ON IT AND THAT IN ANY EVENT THIS CONSENT EXPIRES AUTOMATICALLY AS DESCRIBED BELOW.

THIS CONSENT SHALL EXPIRE ON THE APPLICANT'S WITHDRAWAL OR DISQUALIFICATION FROM THE PROGRAM, OR ONE YEAR FROM THE BELOW DATE, WHICHEVER EVENT SHALL OCCUR FIRST.

EXECUTED THIS _____ DAY OF _____ 20____.

(signature of individual authorizing release)