

El Paso Police Department Volunteer Program

911 N. Raynor Room 125

El Paso, TX 79903

(915) 564-7349



El Paso Police Department Volunteer Application

- Regular Volunteer Disabled Parking Enforcement Victim Service Response Team
 Chaplain Program School Zone Safety Volunteer

Date: _____

Name: _____ Social Security Number: _____

Address: _____ Date of Birth: _____

License #: _____ State: _____ Expiration Date: _____

Home Phone: _____ Cell/Work: _____

Mother's Full Maiden Name (First and Last): _____

If Married Female, Include your Maiden Name: _____

Current Employer: _____ Occupation: _____

Address/Zip Code: _____ Phone #: _____

Education: Did you graduate from High School or received G.E.D.? Yes No

If yes or presently attending, name and address of school: _____

Did you attend college or university? Yes No

If yes, name and address of college or university? _____

Degree/Major: _____

What type of service can you provide? _____

Are you volunteering for: A special event? If so, what event? _____

Are you volunteering: By yourself

With a group? If so, what group? _____

With school/company? If so, what school/company? _____

Language preference for writing and/or speaking: _____

In case of an emergency whom do we contact?

Name: _____ Telephone #: _____

Address: _____ Relationship: _____

READ CAREFULLY AND ANSWER ALL ITEMS	Yes	No
Have you previously worked for the City of El Paso? If yes, give dates, City Department and reasons for your separation in REMARKS below.		
Are you currently employed or have you ever been employed by the City of El Paso City-County combined agency (City-County Health, etc..)?		
Have you ever been convicted, imprisoned, fined, place in probation, or parole or are you now under charges for any offense(s) against the law? If yes, list charges and dispositions of the case(s) in REMARKS below. DO NOT list successful completed deferred adjudication(s).		
Have you received any traffic citations in the last five years (excluding parking)? If yes, list and explain and give date and disposition of each citation in REMARKS.		
Do have relatives employed by the City of El Paso or relatives who are currently serving on City Council? If yes, list names, relationships and departments in REMARKS.		
May we contact you current employer regarding your qualifications, character, etc....		
Remarks: (use to explain above items)		

Please write down what days and times you are available to Volunteer:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

I have volunteered my services to the City of El Paso. I hereby release the City of El Paso and its officers, directors, employees, advisors, agents, patrons, and volunteers from any liability for any loss, cost, or damage to me or my property arising out of or in connection with my activities and/or time spent in connection with this volunteer work. I certify that my statements in this application and other required forms are true, complete, and correct to the best of my knowledge and belief. I also agree that ALL statements made on this application may be investigated. I consent to the release of information, about my ability and fitness for volunteering with the City of El Paso, by parties authorized by the City of El Paso. I understand that information from my application or resume may be subject to release to the public under the Texas Public Information Act.

Applicant's Signature: _____ Date: _____

Parent/Guardian Signature (for applicants under 18 years of age): _____

Records Disclosure	
Unless otherwise requested, the Texas Public Information Act, 552.024 makes the names of Municipal volunteers and officials open record. Do you wish to allow public access to your home address, home telephone number, social security number and family information?	
<input type="checkbox"/> YES	<input type="checkbox"/> NO

For Disabled Parking Enforcement (DPE) Only

Are you currently a peace officer? Yes No

Are you licensed to carry a concealed handgun? Yes No

If yes, License # _____

(Please be advised that no Volunteer for any program participant should possess or carry firearms or other weapons while volunteering.)

Volunteer participants may be required to testify at municipal court and administrative hearing relating to the participant's issuance of a citation or filing of charges against a person for a violation of disabled parking laws.

Volunteer participants agree to attend and testify as requested by the parking violations bureau without the necessity for issuance of a subpoena. Yes No

Have you ever been arrested or convicted of a crime? Yes No

If yes, provide details:

Section II: Authorization to release information

As an applicant for being a volunteer for the El Paso Police Department DPE Program, I am willing to furnish information for use in determining my qualifications. I authorize release of any and all information that you may have concerning me, including information of a confidential or privileged nature, so that I will be considered as a DPE participant.

I hereby authorize the El Paso Police Department to conduct a background check and criminal history record check concerning myself.

I release you, your organization (City of El Paso, and the El Paso Police Department), or others from liability or damage, which may result from furnishing the information requested.

Applicant's Signature: _____ Date: _____

Section III: Improper Solicitation

As a participant for the El Paso Police Department, I understand that I will not use my status as a participant to solicit employment, business, or related endeavor. As a volunteer, I will not be used by me to solicit employment, business, or sales of any kind. I further understand that I may be dismissed from the DPE program at any time.

Applicant's Signature: _____ Date: _____

ALL APPLICANTS

Section VI: Waiver/Hold Harmless Agreement

The undersigned, not being a member, employee, or agent of the El Paso Police Department (EPPD), has made an application to serve in a volunteer capacity with and for the EPPD. Nothing should be construed as creating a relationship of employer and employee between the volunteer and the EPPD.

In consideration of the City of El Paso, a municipal corporation by and through EPPD, in making available to the undersigned the necessary personnel and the use of its offices and other facilities for the aforementioned purpose. I, the undersigned do hereby agree to and knowingly do hereby assume all risks arising in the course of said activity.

I agree to indemnify and hold harmless the City of El Paso, its officers, agents, and employees from and against any and all claims, loss, damage, and liability for injury to the person or property of another or others directly or indirectly caused by my malfeasance or misfeasance while participating in any level EPPD activity, or while accompanying a member of said department during the active performance of official duties.

I understand under state law, I must be a United State Citizen of good moral character who has not been convicted of a felony. I must take an oath of office and must complete a training program developed by the EPPD. I understand that I may not carry a weapon while performing my duties. I understand that I am not entitled to damages, worker's compensation or indemnification from the EPPD, the City of El Paso, or the State of Texas for injury or property damage I may sustain or liability that I may incur in the performance of my duties. I understand that the EPPD, the City of El Paso, and the State of Texas are not liable for any damages arising from an act or omission in the performance of my duties.

Applicant's Signature: _____ Date: _____

Section V: Agreement/Waiver

This agreement should begin on: _____

I hereby certify that I am donating my services as a participant and agree to waive any claim for compensation for such services while assisting the EPPD, City of El Paso.

I also agree to return the EPPD identification card and any other equipment including citation book issued immediately upon my resignation or termination from the DPE program.

Certificate

I certify that my statements in this application are true, complete and correct to the best of my knowledge and belief. I understand that any falsification or omission of information may disqualify me from this program or if I have been previously accepted, cause my dismissal. I also agree that all statements made on this application may be investigated.

Applicant's Signature: _____ Date: _____

Volunteer Coordinator Signature: _____ Date: _____

For Office Use Only

Application: Approved Not Approved

Volunteer ID card Number: _____ Start Date: _____

End Date: _____ Program Director: _____

EPPD Supervisor in Charge: _____

City of El Paso

Volunteer Agreement

All volunteers must read the following statements and sign on the Volunteer Signature line. Volunteers agree that he/she is a volunteer and not an employee of the City of El Paso. The City of El Paso should not be subject to any obligations or liabilities incurred in the performance of the contract between the volunteer, the volunteer's agent or representative.

As a Volunteer for the City of El Paso:

- I agree to dress in accordance with the City of El Paso professional appearance standards for my assignment, remembering that I am a volunteer and I represent the City of El Paso.
- I agree to respect the patrons/customers by being friendly and cooperative with them and to guide them to a staff member if necessary.
- I agree to respect the function of the permanent staff and to contribute to maintaining professional relationships between the staff and myself.
- I agree to carry out assignments in good spirit and to seek the assistance of my supervisor or another staff person whenever I have a question or have completed a project.
- I agree to exercise caution when acting on the assigned department's behalf in any situation and to abide by all rules of the department.
- I understand and I must attend Sexual Harassment training, conducted by the City of El Paso, and adhere to the City of El Paso's Policy and Procedures, if applicable.
- I understand that the City of El Paso or I may terminate volunteer services for any reason at any time, upon notice to the other party. The City of El Paso has no responsibility or liability because of such termination and no further responsibility or liability under this agreement after such termination.
- I agree to perform services for the City of El Paso on a volunteer basis. I understand that I will receive no money or other form of compensation for such services.

Applicant's Signature: _____ Date: _____

(For applicants under 18 years of age)

Signature of Parent/Guardian: _____ Date: _____

The City of El Paso staff will make every effort to ensure that your volunteer experience is convenient, enjoyable, and productive. If for any reason, you wish to change your assignment, a new volunteer agreement must be submitted.

For Department Use Only

Beginning Date: _____	Reports: _____
Department/Location: _____	Number of Hours/Week/Month: _____
Scope of volunteer work/Duties: _____	
I agree placement of the volunteer listed above in my department.	
Department Head Signature: _____	Date: _____

Waivers and Agreements:

Whereas, the undersigned not being a member, employee or agent of the EL Paso Police Department (EPPD), has made application to serve in a volunteer capacity with and for said police department (as evidenced below hereof);

Authorization to obtain/release information: As an applicant for the EPPD volunteer program, I am willing to furnish (or cause to be furnished) any requested information deemed necessary to determine my qualifications. Therefore, I authorize release of any and all information that any contacted person/entity may have, including information deemed confidential or privileged, so that I can receive impartial consideration for service as a Police Volunteer.

Now therefore, in consideration pf the City of El Paso, a municipal corporation, by and through EPPD in making available to the undersigned the necessary personnel and the use of its offices and other facilities for the aforesaid purpose, I the undersigned, do herby agree to and knowingly do hereby assume all risks arising in the course of said activity, specifically:

I AGREE to indemnify and hold harmless the City, its officers, agents and employees from and against any and all claims, loss, damage, and liability for injury to my person if caused by negligence of the City, its agents or employees or otherwise; and

I FURTHER AGREE to indemnify and hold harmless, the City, its officers, agents, and employees from and against any and all claims, loss, damage and liability for injury to the person or property of another or others directly or indirectly caused by my malfeasance or malfeasance while participating in any EPPD activity, or while accompanying a member of said department during the active performance of official duties.

I HERBY certify that I am donating my services as a volunteer and agree to waive any claim for compensation for such services and will not use my status as a volunteer to solicit employment, business, or any related endeavor while assisting the EPDD, City of El Paso, TX.

I also agree to return any city owned property issued to me for the use of my volunteer duties and the EPPD Identification card immediately upon my resignation or termination from the volunteer program.

Signed this _____ day of _____, _____.

Applicant's Signature

Witness Signature

Under 18 Parent/Guardian Signature