

Walla Walla Police Department Volunteer Application

Name _____ Social Security # _____ Date of Birth _____

Address _____ City _____

State _____ Zip _____ Phone # _____

List any special training or education: _____

Have you had previous volunteer experience? NO YES If Yes, What/Where/When?

Who or what prompted you to volunteer? _____

References: (please give full names, addresses, and phone numbers)

1. _____ 2. _____

(please initial)

- I understand that I or the Walla Walla Police Department may terminate this agreement at any time without cause, and that I am volunteering my services at will and may be asked to discontinue such without prior notice or reason.
- I am volunteering my time to perform only the services as outlined in the attached scope of volunteer work for the Walla Walla Police Dept. I will not be compensated for my work, but I volunteer to do so in a responsible manner. If I decide to discontinue my volunteer service I will notify the Crime Prevention Coordinator.
- Further, I understand that I am not to appear for volunteer service under the influence for any drugs or alcohol.
- Should an injury occur during the scope of my service, I understand that the City of Walla Walla has included my hours of volunteer service in the State Labor and Industries coverage for volunteer workers.
- I understand that I am to report ANY on-the-job injury or illness, no matter how minor, to my supervisor.
- I consent to the Walla Walla Police department performing a background check into my history in accordance with RCW 43.43.834 and waive any right of privacy I may have in such information for the limited purpose of the Walla Walla Police Department considering it for determining my suitability as a volunteer.**

**NOTICE OF CONFIDENTIALITY
OF DEPARTMENT INFORMATION**

1. Volunteer in service of the Walla Walla Police Department shall not disclose or allow access to information contained in or obtained from local Criminal History Information (CHRI), records maintained by the State of Washington, or material, documents and information received from the Federal Bureau of Investigation, or any other agency of State or Federal government, unless such disclosure or access is authorized by law.
2. Volunteers shall not use any information derived from the Walla Walla Police Department sources or records for personal gain or use, except as authorized by law or by Department policies and procedures.
3. Volunteers shall not permit any person to receive information connected with the operation of the Walla Walla Police Department without permission of the Chief of Police or as otherwise provided by law or by Department policies and procedures.
4. Volunteers shall not disclose to anyone the fact or nature of any investigation except as provided by law or by Department policies and procedures.
5. Volunteers shall not give any unauthorized person any information concerning the location of records, weapons, ammunition, the number of officers on duty, shift assignment or patrol areas.
6. Serving the citizens of Walla Walla provides each of us with tremendous responsibility. Consequently, there can be no compromise in the requirement for all volunteers to follow the Walla Walla Police Department policies and procedures on records and information and this "Notice of Confidentiality of Department Information."

**ANY VIOLATION OF SAID REQUIREMENTS SHALL SUBJECT VOLUNTEER TO
TERMINATION AND/OR APPROPRIATE LEGAL ACTION**

The laws of the State of Washington provide for both criminal and civil sanctions for unlawful release of confidential information.

*I hereby certify that I have read and understand this Volunteer Application and
NOTICE OF CONFIDENTIALITY OF DEPARTMENT INFORMATION.*

Printed Name of Volunteer: _____

Signed: _____

Date: _____

Parent Signature Required if applicant is under the age of 18 _____

Witness: _____

Chief Scott Bieber
Walla Walla Police Department