BIRMINGHAM POLICE DEPARTMENT

VOLUNTEER CHAPLAIN 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 Birmingham Police Department appreciates your interest in service and commends your spirit to volunteer.

PERSONAL INFORMATION: Sworn Civilian								
Last Name First Name				Age	Social Security N	umber		
							-	-
Date Of Birth	Place Of Bir	th			Other Nam	es Used		
Home Address								
City					State Zip		Zip	
Email								
Eman								
Telephone Number(s) Home: ()		Work:	()		Cell:	()
Current Assignment	Shift	Hours					Hire	Date
Driver's License Number		State Issued				Expiration Date		
Church Affiliation								
REFERENCES								
DO NOT USE FAMILY MEMBE				uals you have kno	own for at le	east five (5) years.		
Please list name, complete address	with zip code, an	a telepnone num	iber.					
Name		Address				Zip Code		Phone Number
1.								
2								
2.								
EDUCATIONAL BACKGI	ROUND							
Please check the highest level of ed	lucation competed	l :						
Some High School		allaga	г	Com C 1	noto Ct J-			
Some High School Diploma	Some C	опеде Degree	L	Some Gradu Graduate De				
		6	L		G			
High School Attended:			College	e Attended:				
MILITARY EXPERIENCE								
Military Service Branch	Rank:		Time S	Served:		Date Discharged:		

TELL US A LITTLE ABOUT YOURSELF	
What are your hobbies and interests?	
Have you volunteered before? If so, what did you do and where?	
Rriefly state why you wish to volunteer your time to the Birmingham Police De	partment Volunteer Chaplain Program. (Use a separate sheet, if necessary) This
question MUST BE answered.	partificati volunteet Chaptain Flogram. (Ose a separate sneet, y necessary) Tins
How did you learn about the Volunteer Chaplain Program?	
EMERGENCY INFORMATION	
In case of emergency, please notify:	
Name:	Relationship:
Address:	
D. N. A. I	N' LON N. I
Day Phone Number:	Night Phone Number:
Name:	Relationship:
Address:	
Day Phone Number:	Night Phone Number:
Edy Thome Humber.	

AUTHORIZATION FOR REL	EASE OF PERSONAL INFO	RMATION		
I, respectfully, request and authorize you	•	ment any and all information	that you may have concerning m	ne or my reputation.
This includes, but is not limited to, the following	llowing:			
Employment Records(s) (Atte	ndance, Job Performance, etc.)			
Polygraph Examination Result	ts			
Criminal Records and Reports				
Military Records and Reports				
Military Records (Disciplinary				
Information of a credential nat	ture or information considered as privileg	ged and Photostats of same, if	requested	
I, hereby, direct you to release such inform	mation upon request of bearer.			
This information is to be used to assist the	e Birmingham Police Department in deter	rmining my acceptance as a "V	Volunteer".	
I hereby release you, your organization or result in harm to me from furnishing the i				which may, at any time,
A photocopy reproduction of this request	shall be for all inherits and purposes as v	alid as the original. This form	may be retained in your files.	
Printed Name		Signature of Applicant		
Alias/Maiden Name		Date		
Address		City	State	Zip Code
	<u>=</u> =		Male —	Female
Date of Birth	Social Security Number	Race	Sex	
Driver's License Number		State		
SUBSCRIBED AND SWORN TO BE M	E on this the day of			
(seal)				
X/		Notary Public		
		My Commission Exp	ires	

BIRMINGHAM POLICE DEPARTMENT

VOLUNTEER AGREEMENT

Welcome to the Birmingham Police Department. We appreciate your giving of time, talent and abilities to assist us in serving the citizens of our city. As a volunteer with the Birmingham Police Department Volunteer Chaplain Program, you have an obligation to the public we serve to demonstrate a high level of integrity and ethical standards in both your personal and official conduct. We insist that you be ever mindful of the following:

♦ RELEASE AND INDEMNITY AGREEMENT

The City of Birmingham will not be liable for any workers compensation benefits, either medical expenses or disability coverage, should you be injured while performing volunteer duties. The volunteer will not be considered an "employee" by the definitions provided in Title 24 Chapter 5 of the Code of Alabama.

CONFIDENTIAL AGREEMENT

You may have access to confidentiality sensitive information during your assignment as a volunteer; which may include personnel matters, criminal investigations, criminal activities, written documents, and other high profile public issues. Criminal records or other confidential information may be given only to those persons authorized to have it. When in doubt, consult with your supervisor. Furthermore, you shall not address public gatherings, appear on radio or television, prepare articles for publication, and/or act as correspondents to a newsletter or other periodical, release or maintain you represent the VIPS program in mattes without written permission from the Birmingham Police Department. Divulging confidential information to persons outside of this department is a criminal act and a violation of the law. It will be prosecuted. The presumption is that all information related to your duties is confidential information unless you are explicitly told otherwise by the Chief of Police or his/her designee.

♦ IDENTIFICATION

You will be issued a photo ID badge which must be worn at all times while in the building or when you are on duty as a volunteer. The ID badge is not to be used for any other purpose, such as check cashing or outside identification. This item is the property of the Birmingham Police Department and must be surrendered upon registration or termination. If lost, please report it to your supervisor or the Volunteer Coordinator immediately.

♦ SAFETY

Reducing personal injury and minimizing equipment damage in the workplace is essential to an efficient operation. We ask that you follow safety procedures at all times. Report all hazards and injuries, immediately, to your supervisor.

♦ TIME RECORDS

The Birmingham Police Department is required to record the number of hours worked by all volunteers and a time sheet will be provided. Please notify your supervisor if you are unable to work your volunteer assignment. Also, notify them in advance of vacation or other time off.

♦ COMMITMENT

It is important that you maintain a regular schedule. We ask that every volunteer commit to a minimum of four (4) hours per week. This commitment is essential to our staff. If you are unable to continue your commitment,, please contact the Volunteer Coordinator immediately.

SIGNED this	day of,	20	·	
	Signature of Volunteer	_		Printed Name of Volunteer



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