



Burlington Police Department

267 West Front Street

Burlington, NC 27215

Auxiliary Services Program



Name

First

Middle

Last

Date of Birth

Driver's License Number

Physical Address

Street Number and Street

City

State

Zip Code

Mailing Address (If Different)

Street Number and Street/ P. O. Box

City

State

Zip Code

Primary Email Address

Email Address

Telephone Numbers

Home Telephone Number

Work Telephone Number

Mobile Telephone Number

Employment Information

Current Employer Name

Street Number and Address

City

State

Zip Code

Employer Phone

Employer Fax

Employer E-mail

Emergency Contact Information

Emergency Contact Name			
Emergency Street Number and Address			
City		State	Zip Code
Phone	Relationship		

Criminal History

Have you ever been charged or convicted of a crime (this includes traffic tickets)?

Yes No

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If yes please explain.

Physical Needs Accommodations

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If you have needs for physical accommodations, please note them.

Golf Shirt Size

X-Small Small Medium Large X-Large XX-Large

References

Reference 1 Name			
Reference 1 Street Number and Address			
City		State	Zip Code
Reference 1 Phone	Reference 1 Mobile Number	Reference 1 E-mail (Optional)	
Reference 2 Name			
Reference 2 Street Number and Address			
City		State	Zip Code
Reference 2 Phone	Reference 2 Mobile Number	Reference 2 E-mail (Optional)	



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Auxiliary Services Program



The Burlington Police Department Auxiliary Services program provides opportunities for properly trained citizen volunteers/interns/work study students to participate in the activities of the Burlington Police Department. Auxiliary Services participant positions are not inherently dangerous; however we cannot guarantee that damage or injuries will not occur. Each Auxiliary Services participant needs to read and sign the following:

I _____ (print full name)

in consideration of permission to participate in the Burlington Police Department Auxiliary Services Program for, my heirs, executors, administrators, agents and assigns, **DO HERBY VOLUNTARILY AND KNOWINGLY RELEASE AND DISCHARGE THE CITY OF BURLINGTON, BURLINGTON POLICE DEPARTMENT AND HEREBY WAIVE ALL CLAIMS, DEMANDS, DAMAGES, ACTIONS, CAUSES OF ACTION OR SUITS OF ANY KIND OR NATURE AND TO HEREBY HOLD HARMLESS** City of Burlington, Burlington Police Department, its employees, agents, successors, assigns, agents and all others who may be liable, present and future, known or unknown, from any and all causes of action, including, but not limited to, any act of negligence, or the results of any decision made in connection with my care and treatment arising out of my participation in the Auxiliary Services Program. In the event any action is brought against the City of Burlington, Burlington Police Department, its employees, agents, successors, assigns, agents and all others, collectively or individually, pursuant to any claims released herein, that I agree that presentation of this Liability Release Form constitutes a complete and affirmative defense to said claim; and further, I agree that a court of competent jurisdiction shall dismiss said claim with prejudice. I also acknowledge that I have no limiting medical conditions and I am fully capable of participating in the Auxiliary Services Program.

I hereby give permission to BPD, its employees, agents, successors, assigns, agents and all others, to act in my place, in the event that I should require medical attention while involved in the Auxiliary Services Program. This permission is for the purpose of securing benefits for my health and welfare, and expressly includes the BPD to sign releases to physicians who may render emergency medical care and services. I hereby agree to assume all liability for payment of all such professional services, and, if necessary, to reimburse BPD for any expense that may be incurred for my treatment, care, drugs, and other services. I agree that if my behavior is such that it endangers the welfare of others, the BPD may at any time immediately terminate my participation and refuse to allow me further participation in the program.

I understand that any material omissions and /or false information I record on the application will be sufficient reason for rejection of this application or termination of my Auxiliary Services participant status. In addition, I authorize and request former employers,

schools, individual agencies, organizations or law enforcement agencies to answer any and all questions that may be asked and do here withhold such persons harmless for giving and information within their knowledge or record.

I understand that I do not have the right to continue my status or utilize appeal rights as a Auxiliary Services participant if I am terminated. Also, I understand that I am not an employee of the City of Burlington or any department thereof, and am not eligible for any remuneration or benefits of any kind or nature.

I understand and agree that in the performance of my duties as a Auxiliary Services participant with the Burlington Police Department, I will hold all names and information regarding the Burlington Police Department in the strictest confidence. Further, I understand that the intentional disclosure of confidential information to unauthorized sources may result in termination as a Volunteer/Intern.

By my signature below, I hereby certify that each and every statement made on this form is true and complete to the best of my knowledge; and authorize any background and criminal records check by the Burlington Police Department.

Signed:

Date:



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Volunteer/Intern Agreement



I _____ (print full name)

request to serve as a Auxiliary Services participant with the Burlington police Department.

As a Auxiliary Services participant, I agree to:

- Perform the tasks outlined in my participant task description to the best of my ability
- Attend any training offered that will enhance my performance with the agency.
- Report to work on time and as scheduled, and to notify my supervisor if I am unable to report.
- Refrain from using my Volunteer/Intern Position to attempt to influence anyone in any manner.
- Strive to help the Burlington Police Department obtain its goals and objectives.
- Notify my Supervisor and the Auxiliary Services Coordinator upon terminating my involvement with the program, and participate in an exit interview/evaluation.
- I will relinquish to the Auxiliary Services Coordinator any and all items or equipment issued to me.
- I will notify the Auxiliary Services Coordinator of any arrest or citation for any traffic, misdemeanor or felony charge.
- I am aware that my Volunteer/Intern status may be terminated at any time for failing to follow rules, procedures, and terms of this agreement.

I have read and understand all conditions of this agreement.

Partis' Signature _____ Date _____

Auxiliary Services Coordinator _____ Date _____