



Cedar City Police Department Animal Control Volunteer Application

Date _____

Name _____
(First) (Middle) (Last)

Address _____

Home Phone _____ Cell Phone _____

Email Address _____

Driver License # _____

Social Security _____

Have you ever been arrested? () Convicted of a felony? () Convicted of a misdemeanor? ()

Do you have previous volunteer experience? () yes () No

If yes, list name, address, and phone number of the organization:

Organization _____

Address _____

Contact person _____ Phone number _____

References (List two)

1. Name _____

Address _____

Phone _____

2. Name _____

Address _____

Phone _____

Please list your employers (if any) for the last 10 years.

Employer	From	To	Work Performed
Address			
Telephone Number	Supervisor		
Job Title			

Employer	From	To	Work Performed
Address			
Telephone Number	Supervisor		
Job Title			

Employer	From	To	Work Performed
Address			
Telephone Number	Supervisor		
Job Title			

Qualifications: Please summarize special job-related skills and qualifications acquired from employment or other life experiences.

CEDAR CITY POLICE DEPARTMENT
Approval for Background Investigation,
Criminal history and Driver's License Check

As a volunteer for Cedar City, I hereby authorize the Cedar City Police Department to conduct a background investigation, criminal history, credit history and driver's license check concerning my reputation, medical, physical, and criminal records including information of a confidential or privileged nature. I authorize the Cedar City Police Department to use a copy, or fax of this form, to be considered the same as the original for the purpose of a background investigation.

List ALL names you have ever used including maiden name

Name _____
(First) (Middle) (Last)

Name _____ Name _____
(First) (Middle) (Last) (First) (Middle) (Last)

Address _____

Date of Birth __ / __ / __ Social Security# _____

Utah Driver's License# _____ Male () Female ()

CEDAR CITY POLICE DEPARTMENT
Volunteer Agreement and Release of Liability

I seek the opportunity to become a volunteer for Cedar City and learn about Municipal Government functions through active participation in governmental activities. I understand I will not be paid for my time or services and I may not represent myself as anything other than a volunteer for Cedar City.

I understand that in the course of my volunteer work I may obtain or be presented with confidential information, particularly during any volunteer work within the Cedar City Police Department and Animal Control. I agree to keep confidential any knowledge I may have relating to any cases, prisoners, victims, or other confidential information of any kind. I understand that violation of this agreement could jeopardize an investigation or the safety of others. I will not discuss any aspect of the Department's work with anyone other than authorized Department personnel.

I understand that only official representatives of Cedar City are authorized to make statements to the media, and I agree not to make any statements to the media concerning information I have obtained during, or as a result of my volunteer work.

In consideration of this opportunity, I acknowledge, understand and accept all risks which I may be exposed to during the course of my volunteer work. I agree on behalf of myself, my family and my heirs, to waive any and all claims, causes of action, or damage of any kind or nature, including but not limited to, any foreseen or unforeseen personal injury (including death), animal bite or any transportation of animals, to and from any location, or other losses or damages, against Cedar City, its employees, agents, or Officers, which may arise out of or in connection with any aspect of my volunteer work for Cedar City.

I am seeking the opportunity to become a volunteer for Cedar city voluntarily, and no promises, agreements, or other inducements have been made. I understand that Cedar City will rely on this statement by me, and that the terms of this agreement are contractual in nature, and specifically designed to protect Cedar City, its employees, agents, and Officers. I understand that I may terminate my agreement to volunteer for Cedar City at any time, and that Cedar City may also terminate this agreement at any time.

I have read the above statement and I understand it. I have obtained any legal advice I believe I may need prior to signing this document, and I sign this document freely and voluntarily.

Volunteer's Signature

Volunteer's Name (Printed)

State of: _____
County of: _____

Notary Public

On this _____ day of _____, 20____, before me personally appeared _____ (name of signer), whose identity was proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this document, and who acknowledged that he/she signed the above/attached document.