

# CELINA POLICE JUNIOR VOLUNTEER APPLICATION AGES 13 - 17

<b>FULL NAME:</b>		<b>DATE OF BIRTH:</b>	
<b>RACE:</b>	<b>SEX:</b> <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<b>(NEEDED TO COMPLETE BACKGROUND CHECK)</b>	
<b>ADDRESS:</b>		<b>CITY:</b>	<b>STATE:</b> <b>ZIP:</b>
<b>HOME / CELL PHONE:</b>		<b>BUSINESS PHONE:</b>	
<b>EMAIL:</b>		<b>DL OR STATE ID #:</b>	
<b>PARENT'S NAME</b>		<b>PARENT'S PHONE #:</b>	
<b>HOW DID YOU HEAR ABOUT THE JUNIOR VOLUNTEER GROUP?</b>			
<b>BACKGROUND INFORMATION</b>			
<b>BRIEFLY EXPLAIN WHY YOU WOULD LIKE TO BE A JUNIOR POLICE VOLUNTEER:</b>			
<b>HAVE YOU EVER BEEN ARRESTED FOR, CONVICTED OF, OR CITED FOR AN OFFENSE OTHER THAN A TRAFFIC VIOLATION?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>EMPLOYMENT / SCHOOL INFORMATION</b>			
<b>PRESENT EMPLOYER OR SCHOOL:</b>		<b>DATE HIRED / GRADE:</b>	
<b>OCCUPATION AND JOB TITLE:</b>			
<b>EMPLOYER'S ADDRESS:</b>		<b>CITY:</b>	<b>STATE:</b> <b>ZIP:</b>
<b>MAY WE PLACE YOUR NAME, ADDRESS AND PHONE NUMBER ON A GROUP ROSTER?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>IN CASE OF EMERGENCY, PLEASE CALL:</b>		<b>PHONE:</b>	
<b>CERTIFICATION AND SIGNATURE</b>			
<p>I hereby certify that there are no willful misrepresentations, omissions or falsifications in the foregoing statements and answers to questions. I understand that any omission or false statement on this application shall be sufficient cause for rejection of enrollment or dismissal from the Celina Citizens Police Volunteer Group. I understand that to participate in the group volunteer program, I must attend training provided by the Celina Police Department. I will abide by all rules and regulations set forth by the Celina Police Department and the City of Celina and will provide my own transportation and insurance. I further understand that the Celina Police Department will conduct a thorough background investigation that may include criminal history information, employment history and personal references. The Celina Police Department reserves the right to deny any applicant.</p>			
<b>APPLICANT SIGNATURE:</b>		<b>DATE:</b>	
<b>PARENT / GUARDIAN SIGNATURE:</b>		<b>DATE:</b>	
RETURN TO THE CELINA POLICE DEPARTMENT ATTN: CPL. KATHERINE KOZAREVICH 501 E. PECAN ST. CELINA, TX 75009		OFFICE: 972.382.2121 FAX: 972.382.3879 EMAIL: kkozarevich@celina-tx.gov	

# CELINA POLICE JUNIOR VOLUNTEER APPLICATION

## PARENTAL RELEASE

I, \_\_\_\_\_, give permission for \_\_\_\_\_ to participate in the Celina Police Department's Junior Citizen Police Volunteer Program. I understand that my son/daughter will be attending classes sponsored by Celina Police Department personnel. I also understand that the supervised classes will consist of both educational and practical material and that some of the material in the classes may be graphic due to the nature of the curriculum or class topic. I understand that appropriate rules of conduct and dress code must be adhered to at all times. The undersigned does also hereby authorize photographs and or video documentation to be taken of my son/daughter. Photographs and or videos may be used to promote or further the Celina Police Department's Junior Citizen Volunteer Program, and may be used in the media.

**PARENT / GUARDIAN SIGNATURE:**

**DATE:**

## RELEASE OF LIABILITY WAIVER

I, \_\_\_\_\_ certify that I am the parent or legal guardian of \_\_\_\_\_ and I give my permission for him/her to participate in the Celina Police Department's Junior Citizen Volunteer program. I also give my permission for him/her to be transported to or from scheduled events or participate in vehicle training events in vehicles owned and operated by the City of Celina and the Celina Police Department.

I, \_\_\_\_\_, fully understand and my son/daughter fully understands that participation and transportation during the Celina Police Department's Junior Citizen Volunteer Program could result in injury or damage. Although I fully appreciate these risks, I desire my child to participate in the Celina Police Department's Junior Citizen Volunteer Program without regard of the consequences. I, the undersigned, assume full and complete responsibility for any accident, injury or illness and or activity that may occur to my child as a result of their participation. I agree to and hereby release, hold harmless, and waive all claims that I, or my child may have against the Celina Police Department, City of Celina, or any of its employees, agents, sponsors, representatives, or volunteers from all legal injury, illness or death and or activities arising from or connected in any manner to my child's participation in the Celina Police Department's Junior Citizen Volunteer Program, including but not limited to liability, damages, legal fees and or costs caused by or related to the negligence or the intentional act of the Celina Police Department, City of Celina, or anyone of its employees, agents, sponsors, representatives, or volunteers in whole or in part. This release shall be binding on my heirs, legatees, administrators, and assigns.

**PARENT / GUARDIAN SIGNATURE:**

**DATE:**