

Pell City Police Department POLICE CHAPLAIN APPLICATION

Name (Last, First, MI) _____
Address: _____
Home Phone: _____ Business: _____
Cell/Pager: _____
Race: _____ Sex: _____ DOB _____
SSN: _____
Emergency Contact Info: _____
Church Affiliation: _____
Position Currently Held: _____
Religious Certification (license, ordination, etc.-copies to be provided): _____

High School Graduate or Equivalent: Yes No
College/University Attended: _____
Degree(s) Earned: _____
Military Service: Yes No
Branch: _____ Rank: _____
Date Entered: _____ Date Discharged: _____
Discharge (type): _____
Do you have at least two years experience in the ministry? Yes No
Do you have previous police chaplain experience? Yes No
If yes, when and where? _____

I certify that the information given in this application is true and complete to the best of my knowledge. I further understand that should the position of Chaplain be offered, I will receive no compensation or benefits. I also understand that I will be asked to donate my time and efforts as described in the Chaplain Program, including office and precinct visitation, patrol ride-along, hospital visitations, home visitation, participation in funeral and wedding ceremonies, as well as counseling and other ministerial duties.

I understand that my failure to comply with the Chaplain Program guidelines may result in my dismissal from the program. Although I will be acting in the position of Chaplain for the Pell City Police Department information received in my duties will be held confidential and will not be provided to the Police Department; however, information received that may indicate an officer or other member of the Department may be in personal danger or endangering another, will be reported to the Chaplain Coordinator of the Chief of Police.

By signed this application. I hereby acknowledge that I understand and agree to all provisions outlined herein.

Applicant Signature: _____ Date: _____

Initial Interview Date: _____

Background Approval Date: _____

Approval: () Yes () No

Chaplain Coordinator/Designee _____

Vehicle Description/Proof of Insurance

Vehicle 1:

Year: _____ Make: _____ Model: _____

Color: _____ VIN: _____

Vehicle 2:

Year: _____ Make: _____ Model: _____

Color: _____ VIN: _____

Vehicle 3:

Year: _____ Make: _____ Model: _____

Color: _____ VIN: _____

Insurance Company: _____

Policy Number: _____

Provide copy of insurance card

City of Pell City, Alabama
Hold Harmless Agreement Chaplain Ride Along Program

I, _____, do hereby release, acquit and forever discharge the City of Pell City, Pell City, Alabama any elected member, or employee from any and all claims, actions, cause of actions, rights, damages. Cost, loss of services, expenses and compensation whatsoever of or in any way growing out of any known or unknown, foreseen or unforeseen bodily and personal injury and property damage and the consequences thereof resulting or to result from participation in the Pell City Police Department Chaplain Ride Along Program. I further understand that my participation in this program is at the discretion of the Pell City Police Department's Chief of Police and his agents, officers and employees and may be terminated at any given time. My role in this program is that of a Chaplain. I also understand that I may be exposed to privilege and confidential information during my ride along and I am not to

discuss this information with anyone. My signature indicates that I agree with the terms and conditions of this waiver and that I have received a copy of the rules and regulations associated with the Pell City Police Departments Chaplain Ride Along Program.

Signature

Date

Sworn and Subscribed before me this the _____ Day of _____
_____, 20_____.

Notary

My commission expires: _____

PRIVACY ACT NOTICE

Purpose and Use

Information provided on this form will be furnished to individuals in order to determine: 1:) fitness for the police department employment, 2) clearance to perform contractual service for the city government, and 3) security clearance or access.

Effects of Nondisclosure:

Furnishing the request information is voluntary, but failure to provide all or part of the information may result in a lack of further consideration for employment, clearance or access or in the termination of your volunteer employment.

Pell City Police Department
AUTHORITY FOR RELEASE OF INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize any investigative or duly accredited representative of the Pell City Police Department, bearing this release, or copy thereof, within one (1) year of its date, to obtain any information, relating to my actions from school, residential, financial institution, armed forces, credit bureau, employers, criminal justice agencies or individuals. This information may include, but is not limited to, academic, military, residential, credit rating, achievement, performance, attendance, personal history, disciplinary, arrest and conviction record.

I hereby direct you to release such information upon request of the bearer. I understand that the information released is for official use by the Pell City Police Department, and may be disclosed to such third parties as necessary in the fulfillment of official responsibilities.

I hereby release any individual, including record custodians from any and all liability for damages of whatever kind of nature that may at any time result to me on account of compliance of any attempts to comply, with the authorization. Should there be any questions as to the validity of this release, you may contact me as indicated below.

Signature (Full Name): _____

Print Full Name: _____

Other Name Used: _____

Social Security Number: _____ DOB: _____

Current Address: _____

Telephone Number: () _____

State of Alabama
County of St. Clair

Sworn and subscribed to me this _____ day of _____
200____.

Notary: _____ My Commission Expires _____