

**Anne Arundel County
Police Department
VOLUNTEER APPLICATION**

NAME: _____
Last First Middle (Maiden Name)

ADDRESS: _____
Number and Street (Apt. No.) City State Zip Code

SOCIAL SECURITY NO: _____ **TELEPHONE:** Home _____
Work _____

SEX: Male Female **U.S. CITIZEN:** Yes No Birthday _____

EMERGENCY CONTACT: _____
Name Relationship Telephone No.

EDUCATION:
 List the name and address of High School attended: _____

College/University Info:

Name & location of College, University or Professional School	Major and/or Degree	From (Mo./Yr.)	To (Mo./Yr)

Degree received: Yes No
 If no, number of semester/credit hours completed: _____

Other Training:

Name & location of Training	Subject(s) Studied	Dates Attended	Years completed	Was course completed

Foreign Languages Spoken or Read: _____

Typing Speed: _____ **WPM:** _____ **Equipment Operated:** _____

Driver's License Number (State of Issue): _____

LIST SPECIAL JOB-RELATED INTERESTS AND SKILLS (YOUR answers will help us identify the best assignment match).

Previous Volunteer Experience (include scouts, PTA, church, & extracurricular school activities)

To assist us with placement, please tell us briefly why you wish to volunteer with the Police Department.

When are you available to work? _____

Preferred hours: Days Evenings

Length of Commitment (e.g., 6 months, 1 year, summer only): _____

Location Preference: Millersville Pasadena Odenton Edgewater
 Crownsville Linthicum Davidsonville

Physical Limitations: _____

Means of Transportation: Private Vehicle Public Transportation

Are you presently employed? Yes No Hours/Week: _____

Employment History

Name & Address of Employer	Position	From/To	Reason for leaving

Military Service

Branch	Period of service	Rank	Specialty

Have you ever been arrested or charged with a crime? Yes No

If yes, please explain: _____

References

Name & address	Telephone number	Years known

How did you hear about our program? _____

Do you object to: A background investigation? Yes No
Having your Photograph on record? Yes No

AUTHORIZATION FOR RELEASE OF INFORMATION AND STATEMENT OF CONSENT

I, _____ do hereby authorize a review of all records, or any part thereof, concerning myself, by and to a duly authorized agent of the Anne Arundel County Police Department, whether the said records are public or private, and including those that may be deemed to be of a privileged or confidential nature. I understand that should any statement I have made prove to be false, misleading or erroneous it may result in rejection of my application or discharge from Volunteer Services.

Signature: _____ Date _____



Anne Arundel County Police Department
 8495 Veterans Highway Millersville, Maryland 21108
 (410) 222-8050
www.aacounty.org/police



Amal Awad
Chief of Police

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by a duly authorized agent of Anne Arundel County Police Department/ Anne Arundel County Government, whether the said records are public private or confidential nature, and regardless of whether the information released may be derogatory in nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions, financial or credit institutions, including records and deposits, withdraws and balances of checking and savings accounts, and loans, and also the records of commercial or retail credit agencies (including credit reports and/or ratings), medical and psychiatric treatment and/or consultations, including hospitals, clinics, private practitioners, and the U.S. Veteran’s Administration, public utility companies, employment and pre-employment records, including background reports; (including prior A.A. County Police Department Investigations) and polygraphs examinations results, efficiency ratings, complaints or grievances filed by or against me, internal affairs investigations/reports and salary records; real and personal property records, and other finical statements and records wherever filed; records of complaint, arrest, trial and/or convictions for alleged or actual violations of law, including criminal and/or traffic records; records of complaints of a civil nature made by or against me, whosoever located, and to include the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case in which I presently have, or have had an interest.

I acknowledge and agree that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation which may provide pertinent data for the Anne Arundel County Police Department/ Anne Arundel County Government to consider in determining my suitability for employment by the Department. It is my specific intent to provide access to personal information, copies of that information, however personal, or confidential it may appear to be, and the sources and content of information specifically identified herein.

I understand that any information obtained through a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Anne Arundel County Police Department/ Anne Arundel County Government. I further understand that any information obtained through this background investigation may be released upon request to another law enforcement agency of Anne Arundel County Government, in connection with my application for employment with that agency, within one year from the date of my signature below.

I agree to indemnify and hold harmless the person in whom this request is presented and his agents and employers, from and against all claims, damages, losses and expenses, including reasonable attorneys’ fees arising out of or by reason of complying with this request.

If illegal behavior and/or activities are uncovered, the appropriate authorities will be notified.

I further understand that whether or not I am selected for the position, the source of confidential information gathered through the background investigation will not be revealed to me. A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

SIGNATURE: _____ DATE: _____

MAIDEN NAME: _____

ADDRESS: _____

_____ WITNESS

D.O.B.: _____ Last Four of SSN: _____

MARYLAND STATE LAW 5-399.7

IMMUNITY; EMPLOYER DISCLOSING INFORMATION

Effective October 1, 1996, the Maryland Legislature codified the qualified privilege in Maryland courts and Judicial Proceedings, Code Section 5-399.7. Annotated. The new statute provides; 5-399.7 IMMUNITY; EMPLOYER DISCLOSING INFORMATION

- (A) An employer acting in good faith may not be held liable for disclosing information about the job performance or the reason by termination of employment of an employee of the employer.
1. To prospective employer of the employee or former employee at the request of the prospective employer, the employee or former employee; or
 2. If requested or required by federal, State or industry authority or if the information is disclosed in a report, filing, or other document by law, rule, order, or regulation of the regulatory authority.
- (B) An employer who discloses information under subsection (A) of this section shall be presumed to be acting in good faith unless it is shown by clear and convincing evidence that the employer;
1. Acted with actual malice toward to employee or former employee; or
 2. Intentionally or recklessly disclosed false information about the employee or former employee.



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 (410) 222-8050
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Amal Awad
 Chief of Police

Request for Records Check

Please check the following individual through our in-house files: Victim, Witness, Suspect or Complainant, and Check NCIC & Miles for any criminal records. Please forward all records and reports to Personnel Section.

Date of Request: _____

Purpose: Background Investigation

Investigator: Cpl. Stanley Newborn

Position: Civilian: Police Chaplain

Last Name _____ First Name _____ Middle _____

Maiden Name _____ // **Email Address:** _____

Address / Zip Code: _____

Age: _____ Sex: _____ Race: _____ Married: _____ Divorced: _____ Single: _____ Separated: _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Telephone (Home) _____ (Cell) _____

Date of Birth: _____ **Place of Birth:** (City & State) _____

Social Security Number: _____ **Driver's License # / State:** _____

Scars/Marks/Tattoos: _____

Current Employer: _____ Occupation: _____

Employers Address: _____

Emergency Contact Person: (Name / Address / Telephone Number): _____

Photographed: YES / NO

Fingerprinted: YES / NO

Revised: 09/2019



International Conference of Police Chaplains

Serving All Law Enforcement Chaplains

MEMBERSHIP APPLICATION

ICPC emails confirmation upon receipt of application.

PLEASE PRINT LEGIBLY

RECRUITED BY ICPC MEMBER? (LIST ONLY ONE—FIRST/LAST NAME): _____

LAST NAME _____ FIRST _____ MI _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

COUNTRY _____ EMAIL ADDRESS _____ GENDER: MALE FEMALE

CELL PHONE: _____ SECONDARY: _____ WORK HOME

DOB ____/____/____ LAST 4 DIGITS OF SSN _____ SPOUSE'S NAME _____ RELIGIOUS AFFILIATION (DENOMINATION) _____

YEARS IN PASTORAL MINISTRY: _____ ORDAINED (YEAR: _____) LICENSED (YEAR: _____)

YEARS IN LAW ENFORCEMENT CHAPLAINCY: _____ DATE APPOINTED: ____/____/____

CHAPLAINCY TYPE: VOLUNTEER PAID LIAISON OFFICER OTHER: _____

AGENCY NAME _____ CHIEF/SHERIFF NAME _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

AGENCY ACCOUNTS PAYABLE EMAIL _____

AGENCY ACCOUNTS PAYABLE PHONE _____

OFFICE USE ONLY

Background Verification Driver's License

Agency Ltr: _____ Date Appointed: _____

Ecll Ltr: _____ Pastor/Chap Yrs: _____

Member Level (circle)

Full Associate Affiliate Liaison

Email Applicant Member QB

Invoice Memorized Join Date: _____

Member DB Agency DB

NM Handbook-Email Academic info AR

New Member Packet Materials:

Member Certificate Mailing Label File Folder Label

Member Letter Spouse Letter Spouse Envelope

ID Card ____/____ Visor Pin

File Folder Scan E-file QB

Processed by (initials): _____

Packet Mailed: _____

