



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



VOLUNTEER PROGRAM APPLICATION

FOR ANNE ARUNDEL COUNTY ANIMAL CARE & CONTROL

Please carefully fill out this form, providing explanation as necessary, so that we can consider you for our volunteer program. You must be at least 18 years of age to volunteer for Anne Arundel County Animal Care & Control.

NAME: _____
Last First Middle Maiden

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

How long have you lived at the above address? _____ Days/Months/Years (circle one)

PREVIOUS ADDRESS: _____
Number and Street (Apt. No) City State Zipcode

TELEPHONE: HOME _____ CELL _____ WORK _____

EMAIL: _____

DRIVER'S LICENSE NUMBER: _____ ISSUING STATE: _____

BIRTH DATE: _____ SEX: ☐ Male ☐ Female

U.S. CITIZEN: ☐ Yes ☐ No RACE: _____

EMERGENCY CONTACT: _____
Name Relationship Phone Number

CURRENT EMPLOYER: _____ OCCUPATION: _____

Do you have medical insurance? ☐ Yes ☐ No
If yes, please list the insurance company you have a policy with: _____

When would you be ready to begin volunteering? _____
Length of Commitment _____ (days/months/years/summer only)

Nationally Accredited Law Enforcement Agency

Recycled Paper

Do you agree to be supervised by the staff of Animal Care & Control? ☐ Yes ☐ No

Have you read Anne Arundel County's Code of Animal Care & Control Laws? ☐ Yes ☐ No

If yes, do you understand and agree with the Animal Care & Control Laws? ☐ Yes ☐ No

Do you agree that all information given on this form is true and correct to the best of your knowledge?
☐ Yes ☐ No

AUTHORIZATION FOR RELEASE OF INFORMATION & 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 OF VOLUNTEER APPLICANT

DATE

NAME PRINTED



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Authorization for Release of 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 where-ever 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, wheresoever 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: _____