

CAPITOLA POLICE DEPARTMENT CITIZEN VOLUNTEER DATA AND WAIVER

NAME		
Address	City	Zip
Telephone		SS#
Physician		Telephone
Hospital		Allergies
Blood Type		Birth Date

EMERGENCY NOTIFICATION - To be notified on your behalf

Name	Relation
Address	Telephone
City/State	Zip Code

CITIZEN VOLUNTEER CONFIDENTIALITY WAIVER

TO WHOM IT MAY CONCERN: I am applying to be citizen volunteer with the Capitola Police Department. The Capitola Police Department may need to thoroughly investigate my background and personal history to evaluate my qualifications to hold a volunteer position. It is in the public's interest that all relevant information concerning my personal history be disclosed to the above department.

I hereby authorize any representative of the Capitola Police Department to access any information, specifically in Criminal Identification Index and National Crime Information Center. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the Capitola Police Department, whether said records are of public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize 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 that may provide pertinent data for the Capitola Police Department to consider in determining my suitability for citizen volunteer in that department. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be.

For and in consideration of the Capitola Police Department's acceptance and processing of my application for citizen volunteer, I hereby release, discharge and exonerate any agency, its agents, representatives and/or any person from liability arising out of the furnishing and/or inspection of records and/or other truthful, even though embarrassing, information. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Capitola Police Department in conjunction with employment procedures.

Signature of Citizen Volunteer _____

Date _____