

CITY OF OAKLEY

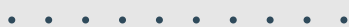


LAW ENFORCEMENT CHAPLAIN

Basic Requirements

Thank you for your interest in applying to become an Oakley Police Department Law Enforcement Chaplain. The Oakley Law Enforcement Chaplain program is designed for Chaplains to provide counseling or emotional support to members of the Department, their families and members of the public. They will be required and expected to complete the Chaplains training course and attend a majority of ongoing training sessions that will be provided through the year. They are expected to respond, if at all possible, to callouts for service in support of the officers.

What sets a Law Enforcement Chaplain apart is they are Ordained or Licensed professionally and are in good standing with their ordaining or licensing organization. They shall have a good reputation within the community. A Law Enforcement Chaplain has "client privilege" with the Law Enforcement Officers. A Law Enforcement Chaplain's first priority is to serve the officers and Police Department members and their families. An additional priority is to serve the community at the request of the Oakley Police Department.



City of Oakley

Law Enforcement Chaplain

Community Chaplain

Recreation

Other

Volunteer Application

Date of Application:

Full Name:

Are you over 18: Yes

No

Street Address:

City:

Zip Code:

Phone Number:

Alternate phone number:

Email Address:

Driver's License number:

Expiration Date:

Issuing State:

Are you a citizen of the United States? Yes

No

Can you provide proof of your legal right to work in the United States? Yes

No

Education (check all that apply): GED

HS Diploma

Some College

AA/AS degree

BA/BS degree

Fluent Languages (other than English):

Do you have any physical condition or disability that would limit your ability to perform certain volunteer assignments?

Yes

No

If yes, what accommodations do you need?

Current or most recent employer:

Supervisor:

Date of hire or separation from employment:

Address:

Phone number:

If retired, date of retirement:

Please provide three (3) references we may contact-professional or personal. References should not be related to you.

Name:

E-mail:

Phone:

Years Known:

Name:

E-mail:

Phone:

Years Known:

Name:

E-mail:

Phone:

Years Known:

Emergency Contact

Name:

E-mail:

Phone:

Relationship:

City of Oakley

Volunteer Application

Have you ever used illegal drugs, regardless of if current laws deem them legal for recreational use? Yes No
If yes, please identify the drug(s) or substance(s) used and the date last used:

Please initial next to each item below:

I HEREBY RELEASE THE CITY OF OAKLEY, ITS EMPLOYEES, AGENTS, OFFICERS, VOLUNTEERS, AND JOINT POWERS AUTHORITIES OF WHICH IT IS A MEMBER ("CITY"), FROM ANY AND ALL CLAIMS, DEMANDS, RIGHTS AND CAUSES OF ACTION THAT MAY ARISE FROM MY VOLUNTEER WORK WITH THE CITY, EXCEPT DAMAGES CAUSED BY THE SOLE GROSS NEGLIGENCE OR WILLFUL MISCONDUCT BY CITY.

I HEREBY CERTIFY THAT I HAVE PERSONALLY COMPLETED THIS ADMISSION APPLICATION AND ALL OF THE STATEMENTS CONTAINED HEREIN ARE TRUE AND COMPLETE. I HEREBY AUTHORIZE THE CITY OF OAKLEY TO INVESTIGATE ANY AND ALL INFORMATION CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT ANY FALSE OR MISSTATEMENTS OF MATERIAL FACT WILL SUBJECT ME TO DISQUALIFICATION.

I AUTHORIZE THE CITY OF OAKLEY THE RIGHT TO CONTACT AND OBTAIN INFORMATION FROM ALL REFERENCES, EMPLOYERS, EDUCATIONAL INSITTUTIONS AND LAW ENFORCEMENT AGENCIES, AND OTHERWISE VERIFY THE ACCURACY OF THE INFORMATION CONTAINED IN THE APPLICATION.

I UNDERSTAND AND AGREE THAT THIS APPLICATION DOES NOT CONSTITUTE A CONTRACT FOR VOLUNTEER TIME FOR ANY DEFINITE DURATIONS, I AM FREE TO END MY VOLUNTEER POSITION AT ANYTIME AND THE CITY CAN END MY VOLUNTEER POSITION AT ANYTIME

I UNDERSTAND AND AGREE THAT AS A VOLUNTEER I WILL HAVE CRIMAL HISTORY CHECKED VIA THE LIVSCAN PROCESS AND THAT A BACKGROUND WILL BE DONE ON PREVIOUS EMPLOYMENT AND/OR VOLUNTEER ASSIGNMENTS.

Applicant's Signature:

Date:

Parent Signature (if under 18 years of age) :

Date:

Internal use only

Application Received By:

Date Application Received:

Referenced Checked By:

Approve to move forward:

Applicant meets minimum requirements: Yes No

If no, explain:

Livescan done on:

Results Received: