

TAMPA POLICE DEPARTMENT

VOLUNTEER PERSONAL INFORMATION

The identifying information requested is necessary to complete a warrant check and criminal history.
Please do not leave any blank spaces.

NAME: _____

ADDRESS: _____ ZIP: _____

HOME PHONE: _____ BUSINESS PHONE: _____ BEEPER: _____

NICKNAME: _____ MAIDEN NAME: _____

DATE OF BIRTH: _____ BIRTHPLACE: _____ MALE FEMALE

HAIR COLOR: _____ EYES: _____ HEIGHT: _____ WEIGHT: _____ RACE: _____

RELIGION: _____ MARITAL STATUS: _____

SOCIAL SECURITY NUMBER: _____

TYPE OF, AND NUMBER FROM, PHOTO ID PRESENTED TO VERIFY ABOVE:

SPOUSE NAME: _____ D.O.B.: _____

BIRTHPLACE: _____ SOCIAL SECURITY #: _____

CHILDREN

NAME	DATE OF BIRTH

APPROXIMATE AVAILABILITY: _____

SKILLS AVAILABLE: Foreign Language? _____ Typing: _____

Word Processing: _____ Public Speaking: _____ Data Entry: _____

IN CASE OF EMERGENCY NOTIFY:	
TELEPHONE NUMBERS:	

MILITARY SERVICE

BRANCH: _____ LENGTH OF SERVICE: _____

TYPE OF DISCHARGE: _____ RESERVE STATUS: _____

CRIMINAL HISTORY

HAVE YOU EVER BEEN ARRESTED? YES NO CONVICTED? YES NO

IF YES, WHAT CHARGE? _____

EMPLOYMENT

MOST RECENT OR PRESENT EMPLOYER: _____

POSITION HELD: _____

REASON FOR LEAVING: _____

Return this form to the supervisor of the Reports and Information Unit,
Tampa Police Department
411 N. Franklin Street, Tampa, Florida 33602.
Telephone Number: 276-3201 • FAX Number: 276-3221
It can also be returned in person to the information counter
in the main lobby of the Tampa Police Department.

FOR OFFICE USE

INTERVIEW DATE:

INTERVIEWER:

Original to Personnel _____ Copy to Volunteer's file in R.I.U. _____

CIVILIAN VOLUNTEER PROGRAM STATEMENT

I, _____ understand that:

The City of Tampa is governed under Chapter 440, Florida State Statutes, for volunteer Workers' Compensation for injuries received while working on city assignments. The expenses covered are only for treatment actually received for necessary medical, surgical, dental, hospital and ambulance services arising from volunteer activities as further defined by statute.

The coverage described does not cover any loss or expense for:

1. Any Volunteer who has not been appointed to the Civilian Volunteer Program.
2. Volunteers working outside the scope of their assigned duties.
3. Volunteers traveling to and from the Tampa Police Department.

As a volunteer, I realize that I am subject to a code of ethics similar to that of a professional police officer. I understand that I may be subject to a background investigation.

I will exercise self-restraint and be constantly mindful of the welfare of others. I will be exemplary in obeying the laws of the United States, The State of Florida and the City of Tampa. Whatever I see or hear of a confidential nature, or that is confided in me in my official capacity, will be kept secure unless revelation is necessary in the performance of my duty.

As a volunteer, I have agreed to work without monetary compensation, but will conduct myself according to the same standards as the professional staff. I understand that my participation in the Tampa Police Department's Civilian Volunteer Program may be terminated at any time, for any reason, or for no reason at all.

I will never take selfish advantage of my position and will not allow my personal feelings, animosities or friendships to influence my actions or decisions. I will exercise the responsibility and authority entrusted to me to the best of my ability, with courtesy, enthusiasm and attention, without malice or ill will.

I hereby certify that I have read the above Code of Conduct and agree to abide by it.

Signature

Date