



Schertz Police Department Volunteer Program Application

Dear Applicant,

Thank you for expressing an interest in our Volunteer Program. We are committed to establishing a program that best utilized the wealth of talent, experience and desire to serve that each volunteer brings to our Department.

We have several different volunteer opportunities within the Department. Our goal is to match your skills and interests to the Department's needs. This will provide meaningful assignments and appropriate training for all volunteers.

All volunteer applicants must successfully complete a criminal background check, attend the Citizens Police Academy, and sign a confidentiality agreement. The information you provide on the attached application is part of the background check. Failure to provide all requested information may result in your application not being processed or accepted.

Volunteers must be **18 years of age or older** (21 years of age for Citizens on Patrol) and have no felony convictions. Misdemeanor offenses will be evaluated on a case-by-case basis.

Once you have completed the application, you can return it to Officer Anna Kraft via mail, in person, or email.

Schertz Police Department
Attn: Community Projects Officer
1400 Schertz Parkway, Bldg. 6
Schertz, TX 78154
AKraft@Schertz.com

After your application is received and processed, you will be contacted with further instructions. If you have any questions or concerns, please feel free to contact Officer Kraft at (210) 619-1264.

Again, thank you for your interest in our Volunteer Program

Sincerely,

Jim Lowery
Chief of Police
Schertz Police Department



Schertz Police Department

Volunteer Program

All Volunteers must attend the Citizens Police Academy

Citizens on Patrol

The mission of the C.O.P. program is to enhance crime prevention efforts through a visible presence within our community. In addition to that, there are opportunities to help the Department conduct traffic studies as we address traffic concerns within the community. C.O.P. members are not armed, will not confront possible suspects, and must be 21 years of age or older.

Chaplain

The Police Chaplain serves as a resource for law enforcement officers, department staff, their families, and the community by providing spiritual care, counseling, and support during times of crisis, trauma, or stress, regardless of their religious beliefs.

Animal Services

Our Animal Services Unit is looking for volunteers to help at the Schertz Animal Adoption Center. Work around the adoption center involves general cleaning, walking dogs, laundry, dishes, and various other tasks. Volunteers would also have the opportunity to help Animal Services with community adoption events.

Citizens Police Academy Alumni

The Citizens Police Academy Alumni are graduates of the Schertz Citizens Police Academy and is a part of our volunteer program.



Schertz Police Department

Volunteer Program Process

Please fill out completely or the application will not be processed.

Step 1: Application

Complete application. Release from Liability must be notarized.

Step 2: Application Review

Your application will be reviewed by the volunteer staff. All areas must be completed or have a N/A placed for Not Applicable in formation to be processed.

Step 3: Character Reference

Reference forms will be e-mailed to the individuals you have provided on the application. Failure to provide complete address information will result in application being denied. *Character references must be returned within thirty (30) days from the date of mailing by volunteer staff.*

Step 4: In Person Meeting

Upon receipt of character reference forms, applicant will be contacted by volunteer staff to establish a time to meet and go over the volunteer policy.



Schertz Police Department Volunteer Program

PLEASE CHECK THE JOB(S) FOR WHICH YOU ARE APPLYING:

☐ Citizens on Patrol ☐ Chaplain ☐ Animal Services ☐ CPA Alumni

All volunteers must attend the Citizens Police Academy

Personal Information

Full Name: _____

Address: _____ City: _____ Zip: _____

Phone: (____) _____ E-Mail: _____

Place of Birth: _____ Date of Birth: _____

Driver License #: _____ State: _____ Class: _____ Restrictions: _____

Race _____ Sex _____ (Needed to complete required criminal background check)

Are you a U.S. Citizen: ☐ Yes ☐ No

(If no, give your alien registration number: _____)

In Case of an Emergency, Please Contact:

Name: _____ Phone: _____

Relationship: _____

Personal References

Please list completed addresses, including street numbers and zip code

Name: _____ E-mail: _____

Phone: (____) _____ Relationship: _____

Name: _____ E-Mail: _____

Phone: (____) _____ Relationship: _____

Employment Information

List most recent employer OR if retired, last place of employment

Company Name: _____ Phone: (____) _____

Address: _____ City: _____ Zip: _____

From: _____ To: _____

Job Title/Duties: _____



Educational Background

Highest Level of Education: ☐ High School ☐ Some College ☐ College Degree ☐ Other

College: _____ Major: _____ Degree/Year: _____

Are you Bilingual? ☐ Yes ☐ No Language(s): _____

Military History

Branch: _____ Honorable Discharge: ☐ Yes ☐ No

Criminal History / Personal Declarations

(For any "Yes" answer, please explain on a separate sheet of paper and attach with signature.)

☐ Yes ☐ No Have you ever been convicted of, plead guilty to, received deferred adjudication, or been on any form of diversion for any criminal offense (misdemeanors and felonies)?

☐ Yes ☐ No Have you ever been arrested or charged with any criminal offense?

☐ Yes ☐ No Are you presently under indictment or charged with a criminal offense, including DWI or DUI?

☐ Yes ☐ No Are you or have you ever been on probation or parole?

☐ Yes ☐ No Have you ever been a party in a lawsuit for reasons other than disability, workers compensation, or medical reasons?

☐ Yes ☐ No Has your driver's license ever been suspended, revoked, probated, or cancelled for any reason other than medical or disability reasons?

☐ Yes ☐ No Do you use or consume alcoholic beverage?
If yes, please indicate frequency and amounts. _____

☐ Yes ☐ No Have you used marijuana, illegal drugs, or any other drug not prescribed by a physician?
If yes, please include frequency and approximate time frames. _____

☐ Yes ☐ No Have you sold, given, or delivered illegal drugs or narcotics to anyone?

☐ Yes ☐ No Have you ever been present when others used, bought, or sold illegal drugs?

☐ Yes ☐ No Are there any incidents (**Positive or Negative**) in your life or details not mentioned herein which may influence this agency's evaluation of your application to volunteer?



Volunteer Information

Do you have any special skills you feel would be an asset to our program?

If so, please elaborate:

Please list days and times you are willing to volunteer:

Please explain what motivated you to volunteer your valuable time and talent to help support the Schertz Police Department.

How did you hear about the Volunteer Program?

Read Carefully Before Signing

I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions. I understand that any omission or false statement on this application shall be sufficient cause for rejection for enrollment or dismissal from the Schertz Police Department Volunteer Program. I understand the purpose of the Volunteer Program is not to train citizens to be police officers and that all Volunteer Programs are non-confrontational. I acknowledge that through my volunteer service I may be privileged to information that is not available to the public and any release of that information may result in civil as well as criminal proceedings. I will abide by all rules and regulations set forth by the Schertz Police Department. I give the Schertz Police Department and its agent's permission to conduct a thorough background investigation that may include, but not limited to, fingerprinting, any criminal history, employment history, and professional references.

As the result of a background investigation or anytime thereafter, it is determined that the applicant/volunteer is unsuitable for the Schertz Police Department's Volunteer Program, the Schertz Police Department may deny the application or remove the volunteer from service. This decision will be final and non-appealable.

SIGNATURE: _____

DATE: _____



Schertz Police Department Volunteer Program

Volunteer Waiver of Liability

I, _____, for good and valuable consideration including the right to ride in a City of Schertz Police Car with an Officer or operate any vehicle owned by the City of Schertz, hereby waive all claims for damage or loss to my person or property which may be caused directly or indirectly by an act or omission of the City of Schertz, its agents, servants, officers, elected officials, employees and contractors, and including the Schertz Police Department, its officers, supervisors, agents, or employees. I expressly assume the risk of all dangerous conditions or occurrences, which may be encountered while participating in the Schertz Police Department Volunteer Program. I further waive any and all specific notice of the existence of any such conditions or occurrences.

I further release, hold harmless, indemnify and forever discharge the City of Schertz, its agents, servants, officers, elected officials, employees and contractors, including the Schertz Police Department, its officers, supervisors, agents, or employees for any and all injuries and damages including personal injury, death, and property damages, liability claims, expenses, including attorney's fees and cost of court actions, or cause of actions whether real or asserted, of every nature, kind and character whatsoever INCLUDING ACTS OF NEGLIGENCE AND OMMISION BY THE CITY, ITS POLICE DEPARTMENT, AGENTS, SERVANTS, AND EMPLOYEES arising out of participating in the Volunteer Program, including operating or riding in a City of Schertz Police Car, and all vehicles owned by the City of Schertz, and do hereby covenant not to sue.

Applicant: I have read this Waiver of Liability and I am 18 years of age or older. I understand and agree with the contents of this document and the rules and regulations governing these programs.

Signature

Date

Printed Name

STATE OF TEXAS

COUNTY OF _____

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20_____.

Notary Public Stamp

Notary Public, State of Texas