Print Form

GUAM POLICE VOLUNTEER APPLICATION
233 Central Avenue
Tiyan, Guam 96913
Tel: (671) 647-8923/4 Fax: (671)646-2269
Cell: (671) 688-7400
Sergeant Joe T. Jasmin, Ops. Sgt., CAPE / CVPR
Email: jagmerlot@hotmail.com

☐ Civilian Volunteer Police Reserve (CVPR) Program
☐ Citizens Police Academy (CPA~Session#_____)
☐ Community Assisted Policing Effort (CAPE) Program

_____
(Last) (First) (Middle)

Date of Birth: _____ Social Security No.:_____

Hgt:_____Wgt:_____COE:_____COH:_____

Mailing Address: _____

Residence Address: _____

Home Telephone: _____ Work Telephone: _____

Mobile Telephone: _____ Email: _____

Place of Employment: _____

Please list other names, if any, used on employment or education records:
_____

Emergency Contact (name / telephone): _____

Please list special skills, interests, and/or hobbies you have:
_____
_____
_____
_____
_____

Please list your current or previous experience with organizations, civic groups and clubs: _____

Please list all previous volunteer experiences: _____
_____
_____
_____

Please list two (2) references **NOT** related to you:

Name / Relationship	Address	Phone Number

Please list one (1) reference related to you:

Name / Relationship	Address	Phone Number

Have you ever been arrested and/or convicted of a crime? ☐ Yes / No ☐

If yes, for what? _____

Where? When? _____

1. As an applicant for a volunteer position with the Guam Police Department, I hereby expressly authorize release of any information you, as a reference, may have concerning me, including information of a confidential or privileged natured. I hereby release any organization, company, institution or person furnishing the information requested. I authorize the use of duplicated copies of this document to serve as the original.

2. For the purpose of in-house security, I consent to a criminal history check and background investigation prior to employment.

3. I certify that the foregoing answers, and all supplement documents, are correct and that false information may result in denial and/or dismissal. If offered a volunteer position, I will abide by the Guam Police Department's Policies, Practices and Procedures. The Guam Police Department reserves the right to refuse services based on objective criteria other than the following: gender, race, religion, sexual orientation, and familial status.

_____
Applicant's Name

_____
Applicant's Signature

_____
Date

(FOR OFFICE USE ONLY)

Records Checked: _____ Date: _____

References Checked: _____ Date: _____

Interview Conducted: _____ Date: _____

Comments: _____

_____

_____

CONFIDENTIALITY AGREEMENT

I, _____, have applied to be a volunteer under the Guam Police Department's Community Assisted Policing Effort (CAPE) Program with the Guam Police Department. Through my volunteer service with the Guam Police Department, I will learn about its business and services. I agree that any information I learn about the business, service, records, information, investigation, or any such activity of the Guam Police Department is confidential and secret and will not be disclosed to any other person or entity without the written permission of the Chief of Police. This includes information which may be deemed confidential, privileged and/or derogatory in nature, including but not limited to: employment information, official employment/volunteer documents, employment performance data, internal investigations, discipline, medical records, character reference information, background investigations, educational records and transcripts; credit and financial records and criminal history information. This obligation will continue after this Agreement ends. Neither I nor the Guam Police Department, nor the officers, managers or employees shall disclose the terms and/or conditions of this Agreement to any unaffiliated third part, other than legal counsel, without the written consent of the other party, except pursuant to a valid order of a court of law, or as otherwise required by law.

_____
Name

_____
Signature

_____
Date

Witnessed:_____
Joe T. Jasmin, Sergeant I
Ops. Sgt., CAPE / CVPR

GUAM POLICE DEPARTMENT
233 Central Avenue
Tiyan, Guam 96913
Tel: (671) 647-8923/4 Fax: (671) 646-2269
Cell: (671) 688-7400
Sergeant Joe T. Jasmin, Ops. Sgt., CAPE / CVPR
Email: jagmerlot@hotmail.com

Community Assisted Policing Effort (CAPE) Program

RELEASE AND WAIVER OF LIABILITY FOR CAPE VOLUNTEERS

The purpose of this waiver is to establish an understanding between the Guam Police Department Community Assisted Policing Effort (CAPE) Volunteers and the Guam Police Department regarding liability issues.

I want to volunteer my services to the Guam Police Department. I certify that I am in good mental and physical condition and I understand the inherent risks associated with acting as a volunteer including the risk of physical injury or death. I understand that these risks may include, but are not limited to, slips and falls, physical activity and exertion, muscle and ligament strains, pulls and tears, abnormalities of blood pressure or cardiac arrest, assault and battery, cuts and punctures from debris, glass, nails, hypodermic needles, wire, rocks, concrete, cans, and other sharp objects. I further understand that I risk aggravating any pre-existing physical condition I may have in the performance of these services.

I understand that while my volunteer services will be at the direction of the Guam Police Department, its police officers and police employees, I am nevertheless not an employee of the Guam Police Department. I further understand that I am a volunteer and that no employee/employer or master/servant relationship is created between me and the Guam Police Department and that I will receive no compensation of any kind for my participation as a volunteer and there is no promise of paid employment or future paid employment. There is no payment contract or other contract of hire between me and the Guam Police Department. I acknowledge that the volunteering of time and/or services does not constitute employment for purposes of the Worker's Compensation Act and further acknowledge that I am not entitled to benefits of said Act.

In consideration of the Guam Police Department allowing me to participate as a volunteer, I agree not to sue and forever release, waive and discharge the Guam Police Department from any and all liability to me or my personal representatives, assigns, heirs, children, dependents, spouse and relatives from any and all claims, causes of action, losses, judgments, liens, costs, demands or damages that are caused by or arise from any injury (including death) to me or my property. I assume all risks associated with my participation as a volunteer.

I understand that the performance of my volunteer services may be hazardous, and I specifically waive any liability for injuries that may result from the negligence or carelessness of fellow volunteers, Guam Police Department Officers, Guam Police Department Employees, or the Public.

I understand that the Guam Police Department shall not be responsible for loss or theft of personal property, or damage to personal property caused by the Guam Police Department, its employees and officers, other volunteers or the public.

I understand that I my participation as a volunteer in this activity is purely, and solely voluntary and that, I am not an employee, contractor, or representative of the Guam Police Department. I further acknowledge that I am not, and will not function as a Peace Officer or Reserve Peace Officer, of any level, or a firefighter, emergency medical technician or civil defense worker. By virtue of my volunteer status, I shall have no powers or abilities greater that as a private citizen to enforce the laws of the Guam Police Department.

I hereby acknowledge that I have carefully read this Release and Waiver of Liability for Volunteers, that I fully understand its contents, that I am over the age of 18, and that I am signing this Release and Waiver of Liability for Volunteers voluntarily and intend for it to be legally binding.

_____
Printed Name

_____
Signature

_____
Residence Address

_____ _____
Telephone Number Email

_____
Emergency Contact (Name and Telephone Number)