

Hickory Creek Police Department

Citizens on Patrol (COPS)

APPLICATION

Applicant Information

Please write legibly and truthfully. Any information misrepresented or incomplete applications will be terms for disqualification.

Name:

Last	First		Middle	
Address:				
Number	Street		Apt#	
City		State		Zip Code
Telephone Numb	er: Home			
	Business	3		
Date of Birth:	Month		Day	Year
Nickname(s) or other name(s) by which you are or have been known:				
Social Security Nu	umber:			
Place of Birth:				

Are you legally authorized to work in the United State of America?

O Yes O No

Drivers License Number:	
Number	State
Other Identification Number:	Issued By
	,
Personal Information:	
Height:	
Color of Hair:	
Color of Eyes:	
Search Marka Tattage as other Distinguishing Marka	
Scars, Marks, Tattoos, or other Distinguishing Marks:	
Past Drug Usage:	
List all Speeding Citations you have received in the past two vegers	
List all Speeding Citations you have received in the past two years:	

List all Traffic Accidents you have been involved in the past two years:

Have you ever been convicted of a Felony or a Class B or higher offense?

O Yes O No

Email Address:_____

Shirt Size:_____

Hickory Creek Police Department Waiver of Claims for Damages and Covenant Not to Sue

In the consideration of the approval granted to me by the Town of Hickory Creek, Texas, to be apart of the Town of Hickory Creek Citizens on Patrol Program (COPS), I,

Herby 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 Town of Hickory Creek, its officers, agents, or employees. I assume the risks of all dangerous conditions or occurrences, which may be encountered during, my time with COPS and waive any and all specific notice of the existence of such conditions or occurrences. I further release and forever discharge the Town of Hickory Creek, The Hickory Creek Police Department, their officers, agents, servants, and employees from any and all liability, claims, actions, or causes of actions, whether real or asserted, of every nature, kind and character whatsoever arising out of said accompaniment and do herby covenant not to sue.

Dated this	dav	of	20
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COPS Volunteer Signature

COPS Police Coordinator Signature

Police Supervisor Signature

Personal Inquiry Waiver Authority to Release Information

To Whom It May Concern:

I, _______herby authorize the Town of Hickory Creek Police Department and its authorized representatives bearing this release, or a copy thereof, to obtain any information in your files pertaining to my employment, background investigation, application, military, credit, education, medical records, mental reports and reputation including but not limited to academic achievement, attendance, athletic, personal history, disciplinary records, medical records, credit records, complaints or grievances and all information classified as confidential or privileged in nature.

I also hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information if for OFFICIAL USE. Consent is granted to all parties to furnish such information, as described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as custodian of such records, and school, college, university, or other educations institution, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, both individually and collectively, from any and all liability for damages of whatever kind, which may at any times result to me, my heirs, family or associated because of compliance with this authorization and request to release information, or attempt to comply with it.

I further agree to waive any right whatsoever to the background investigation report developed through this waiver.

Applicants Signature	Appli	cants	Sign	natur	e
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Applicants Address

Applicants Date of Birth

Sworn	and Subscribed	Before Me
this	Day of	_, 20

Date

SEAL

Notary Public in and for the State of Texas

<u>CITIZENS ON PATROL (COPS)</u> CONFIDENTIALITY AGREEMENT

As a Volunteer of The Town of Hickory Creek, Hickory Creek (COPS) program, I understand that I may learn of or have access to information (verbal, written, or electronic) which is of personal, safety-sensitive, or otherwise confidential in nature. Such information includes, but is not limited to incident reports, NCIC/CCIC information, Computer Aided Dispatch/RMS information, and other law enforcement or Police Services related information. I agree to maintain the confidentiality of such information and will not divulge it to anyone for any purpose without the express consent or direction of my supervisor or other management of Police Services personnel.

I further understand and agree that I am prohibited from using any of this information for my personal use or benefit or for any other non-Police Services business related purposes.

I understand and agree that my failure to comply with the confidentiality requirement set forth in this Confidentiality Agreement is grounds for discipline, up to and including termination of acceptance or termination of the Volunteer relationship. Additionally, the City may seek other criminal or civil sanctions or damages as may be allowed by law.

The restrictions of the Confidentiality Agreement regarding disclosure and use of information shall continue to apply after termination of acceptance or other relationship with Police Services.

I have read and understand this agreement and agree to comply with it in every respect.

Dated this ______ day of ______, 20_____

Signature

Printed Full Name