



## CITY OF WINDER POLICE DEPARTMENT POSITION OF TRUST APPLICATION

I, \_\_\_\_\_, do hereby request to participate in a volunteer position with the Winder Police Department. I understand that I am participating in a position of trust that may include dangerous situations and I hereby waive the City of Winder, the Winder Police Department, and all employees of the Winder Police Department from any liability while participating as a volunteer. I understand that while serving in this role I will follow these rules:

1. I will obey and follow all directions given to me by the Officer/Employee whom I am working with or any superior Officer.
2. I will not operate any equipment, including computers, unless instructed or permitted to do so by a Police Officer/Winder Employee.
3. I will not be armed in any manner.
4. I will not interfere with the Officer/Employee in the performance of his/her duties.
5. I will remain in the patrol car on traffic stops and other calls until the Officer has safely neutralized the situation.
6. I will conduct myself in a professional and courteous manner before the public.

By the affixed signature, I agree to abide by the rules stated above and understand the waiver completely. I also understand and agree that as part of this application a routine criminal background check will be conducted and by my signature give my permission to the Winder Police Department to conduct such a background check.

A photocopy of requester's valid driver's license or identification card must be submitted with this request.

\_\_\_\_\_  
Print Full Name (First, Middle, Last)

\_\_\_\_\_  
Date of Birth (Month/Day/Year)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
Beginning Date of Volunteer Term

\_\_\_\_\_  
Ending Date of Volunteer Term

\_\_\_\_\_  
Home Address (Street, City, Zip)

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Signature of Applicant/Date

\_\_\_\_\_  
Signature of Chief or Designee/Date

