



## **VOLUNTEER OVERVIEW AND LETTER FROM CHIEF**

### **Atlantic Beach Police Department**

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Dear Applicant,

Thank you for your interest in joining the Atlantic Beach Police Department Volunteer Program!

This application packet contains all the necessary documents you will need to begin the process of joining the Volunteer program. Please complete and sign all of the following paperwork and return it to the Atlantic Beach Police Department. You will receive confirmation once we have received and processed your application. Please keep in mind that due to the sensitive and confidential nature of police work, the process is thorough, and can take two to three weeks to complete.

#### **Applications can be turned in via:**

Post or in person:  
Atlantic Beach Police Department  
850 Seminole Rd.  
Atlantic Beach, FL 32233

Email:  
cjamison@coab.us  
Fax:  
(904) 270-2500

The following is a checklist of all materials required to successfully complete an application. If at any time you have questions, please do not hesitate to contact us.

#### **Application Paperwork Checklist**

- Completed Volunteer Application
- Completed Volunteer Applicant's Statement
- Confidentiality Agreement
- Participation Release of Liability
- Clearance Check and Approval
- Copy of Driver's License or Government ID

\*Please note: applicants must be 18 years or older to apply. Applicants may also be disqualified, after review, at the discretion of the Chief of Police or his/her designee.

\*There is NO appeal process for disqualification from the Volunteer Program.

**\*PURSUANT TO FLORIDA PUBLIC RECORDS LAW, ALL DOCUMENTS MADE OR RECEIVED BY THE CITY OF ATLANTIC BEACH IN THE COURSE OF PROCESSING YOUR VOLUNTEER APPLICATION ARE PUBLIC RECORD AND SHALL BE AT ALL TIMES OPEN FOR INSPECTION BY THE PUBLIC.**



## **VOLUNTEER OVERVIEW AND LETTER FROM CHIEF**

### **Atlantic Beach Police Department**

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#### **Mission Statement**

The Atlantic Beach Police Department's Mission is to protect life and property, provide exceptional police service, and work in partnership with our community to improve the quality of life in the City of Atlantic Beach.

#### **Message from the Chief of Police**

The City of Atlantic Beach has many talented and knowledgeable citizens interested and willing to serve our community in a volunteer capacity. The Atlantic Beach Police Department Volunteer Program is designed to utilize this available talent in a partnership to make our department better and our community safer. Citizen volunteers can provide valuable assistance to our department in a number of ways to include administrative tasks, fingerprinting, animal control care, parking enforcement, and special events. These challenging and rewarding positions will build positive relationships and enhance our overall capacity to provide excellent service.

Thank you for your interest in serving as a volunteer for the Atlantic Beach Police Department. Your valuable time and talent will be a great asset to our department. Working collectively with our citizens is one of the core components of community policing, and is essential to adequately addressing crime and quality of life issues.

The women and men of the Atlantic Beach Police Department are dedicated professionals. However, your contribution and partnership will make us a better, more effective police department. I am proud of your desire to assist us and look forward to working with you in making the City of Atlantic Beach a better and safer city.

Sincerely,

A handwritten signature in black ink that reads "V. Gualillo".

Victor L. Gualillo  
Chief of Police



# VOLUNTEER APPLICATION

## Atlantic Beach Police Department

Please print legibly or type

The City of Atlantic Beach is an equal employment opportunity employer. The City, in its employment practices, does not discriminate on the basis of race, color, age, creed, religion, sex, national origin, disability, marital status, or other classification prohibited by State or Federal Law. No information should be given in this application which would violate State or Federal Law. The City supports a drug free work place. Drug testing may be conducted.

If you have any questions, please contact us. The Atlantic Beach Police Department appreciates your interest in service, and salutes your spirit of volunteerism! Applications may take 2-4 weeks to be processed. Incomplete applications will not be processed.

Date:

Personal Information		
Last Name:	First Name:	Middle:
Are you over 18? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you a US Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO	Last 4 numbers of your SSN:
If you are not a citizen, please provide us with a copy of your work Visa.		
Driver's License:	State:	Exp. Date:
Home Address:	City, State:	Zip Code:
Phone #:	Alternate Phone #:	
Email Address:		
Are you eligible to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO (Verification may be required)		
Are you over the age of eighteen? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Have you ever been convicted of a crime? <input type="checkbox"/> YES <input type="checkbox"/> NO If so, please explain on a separate sheet and attach the type of crime, date of conviction, and penalty.		
Have you ever been defended, or convicted, in a civil case for intentional wrongdoing? <input type="checkbox"/> YES <input type="checkbox"/> NO If so, please explain on a separate sheet and attach the type of crime, date of conviction, and penalty.		
Previous Addresses (Last 5 years)		
1.		
2.		
3.		
4.		
Personal References		



# VOLUNTEER APPLICATION

## Atlantic Beach Police Department

Family members or employers may not be used as references. Please make sure contact information is accurate.

Name:	Phone Number:	Email:	Relationship:
1.			
2.			
3.			

### Current employment

Current or most recent employer:	Occupation:	From:	To:
Contact Name:	Title:	Phone:	Email:

### Employment for the past seven (7) years

Attach a separate sheet if necessary. Please make sure information is accurate.

Company Name:	Contact Phone:	Supervisor:	Contact Email:	Dates Employed:
1.				
2.				
3.				
4.				

Have you ever been employed by the City of Atlantic Beach?  YES  NO

If yes, which dates?

### Education Background

Highest level of education completed:

### Military Background

Military Service?  YES  NO If yes, which branch?

### Volunteer Profile

Please note, some positions may require additional training



# VOLUNTEER APPLICATION

## Atlantic Beach Police Department

Why do you want to volunteer for ABPD?

What skills and qualifications can you bring to ABPD?

What type of volunteer work would interest you the most and why?

Are you fluent in any foreign languages?  YES  NO If yes, which?

If yes, would you be interested in assisting with translation?  YES  NO

### Availability

We require a minimum of 48 hours per year to be considered an active volunteer. Some volunteers come in several times a week, and some come in a few times a year. Please tell us what kind of time commitment you are looking for.

What days and hours would you be available?

**By signing, I do hereby certify that all information contained in this application is correct and accurate to the best of my knowledge.**

Signature:

Printed Name:

Date:



## **VOLUNTEER APPLICANT'S STATEMENT**

### **Atlantic Beach Police Department**

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**Note: Volunteer will not be approved until the volunteer has signed as required below.**

I **certify** that the foregoing answers are true and correct to the best of my knowledge. I **hereby authorize** the investigation of all statements contained in this application, to interview the references and previous employers listed in this application, to conduct a record check on my background to include but not be limited to the following: criminal and driving check, employment and performance records and education records, and the release of all, and any, records or other information requested by the City of Atlantic Beach or its authorized representative.

I **authorize** the references, current and previous employers, any school or other educational institution, or public agency to give the City all facts, opinions and evaluations concerning my previous employment and any other information they may have, personal or otherwise, and I **hereby release** all such parties from any liability which may allegedly arise from furnishing such information to the City, including, but not limited to, any liability for defamation or invasion of privacy.

I **understand** that any false or misleading information or omission of facts requested in this application or interview may remove me from further consideration for employment. In addition, if employed, any false or misleading statement or omission of fact called for in this application may be cause for subsequent dismissal at any time without any previous notice.

I **understand** that this application is completed for the volunteer position indicated on the front page. I understand that this is a volunteer position and that I will not be entitled, nor will I receive, employee benefits until mandated by federal or state law.

I **understand** that no supervisor or other representative of the City other than the City Manager has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement.

I **understand and voluntarily agree** as a condition of volunteer service, that I may be requested by the City to submit to a urinalysis or other drug screen test and that my failure to take such test(s) when requested to do so or unsatisfactory test results will disqualify me from consideration for volunteer service, or if I am a volunteer, may result in my immediate dismissal.

If I volunteer with the City of Atlantic Beach, I **agree** to abide by its policies, rules and regulations.

I **certify that I have read, understand, and agree with the above.**

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Volunteer Applicant's Signature

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Date



## **CONFIDENTIALITY AGREEMENT**

### **Atlantic Beach Police Department**

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I, \_\_\_\_\_, in consideration for the opportunity to serve as a volunteer with the Atlantic Beach Police Department, agree to maintain as confidential any active criminal investigative or intelligence information that I might encounter during my tenure at this agency. I further agree not to disclose the identity of any law enforcement officer of the Atlantic Beach Police Department or any other federal, state, or local law enforcement agency functioning in an undercover capacity.

I further agree to not disclose to any other person, verbally, or in writing, or via social media, the substance of the confidential information described in the paragraph above or the name or address of the victim of any crime that is not public record, prior to it being revealed publicly. I also acknowledge that the tactical operations are confidential in nature and the business practices of the Atlantic Beach Police Department are considered proprietary, and I therefore agree not to discuss or disclose said tactics or information with parties not directly involved in the operations of the Atlantic Beach Police Department.

I understand that failure to comply with this agreement may result in criminal charges against me and/or loss of my privilege to participate as a volunteer with the Atlantic Beach Police Department.

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Signature

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Date



# **PARTICIPATION RELEASE OF LIABILITY**

## **Atlantic Beach Police Department**

I, the undersigned, \_\_\_\_\_

First name

Middle Name

Last Name

In consideration for the privilege of participation with the Atlantic Beach Police Department, do knowingly, intelligently, voluntarily and without coercion or duress hereby remise, release, waive, satisfy, hold harmless and forever discharge and settle any and all claims, demands, causes of action, suits, controversies, judgments or damages of any kind or nature whatsoever, in law or in equity which exist or may arise against the Atlantic Beach Police Department and the City of Atlantic Beach, together with any of their officers, agents, appointees, employees, successors, heirs or assigns of and from any and all damages, manner of action or actions, cause and causes of actions and lawsuits, which may arise as the result of any injury whatsoever sustained as a result of participating in as a ride along passenger, any training activity or event with the Atlantic Beach Police Department, or any action taken by any other person whatsoever.

I, the undersigned, understand and fully appreciate that participation in law enforcement activities has inherent risks and dangers, and I have considered, appreciate and understand all of the risks and dangers associated with the Atlantic Beach Police Department, and hereby assume all of the risks of property damage, personal injury, death or others loss that may arise from my participation with the Atlantic Beach Police Department.

I, the undersigned, intend for this release to be legally binding upon myself as well as my heirs, executors, administrators, personal representatives, successors, agents, assigns, or employees. I agree this release will be subject to, and governed by, the laws of Duval County in the State of Florida.

Furthermore, I understand and intend to comply with the firearm and range safety rules, policies, procedures and General Orders issued by the Chief of the Atlantic Beach Police Department or her designee, whether written or verbal. I understand that willful refusal to follow any firearm and range safety rules, policies, procedures or order, whether written or verbal, will disqualify me from participation with the Atlantic Beach Police Department now and in the future.

\_\_\_\_\_  
Participant Signature

(Parent or Guardian, if under 18)

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Witness Signature

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, by \_\_\_\_\_ (print name) who is [ ] personally known to me or [ ] provided \_\_\_\_\_ as identification, and who acknowledged to and before me that he executed the foregoing document knowingly, intelligently and voluntarily for the purposes therein expressed.

\_\_\_\_\_  
Notary Public, State of Florida

My Commission Expires:





**CLEARANCE CHECK AND APPROVAL**

**Atlantic Beach Police Department**

**DEMOGRAPHICS**

Last Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Ethnicity: \_\_\_\_\_ Gender:  Male  Female

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Glasses?  YES  NO

Contact lenses?  YES  NO

**Police Personnel Only. Please provide ID Number when action completed.**

<u>ID Number</u>	<u>Date</u>	<u>Initials</u>	<u>Action</u>
_____	_____	_____	Criminal History (Local/FCIC/NCIC) - Clear <input type="checkbox"/>
_____	_____	_____	Driving History Check – Clear <input type="checkbox"/>
_____	_____	_____	Assign Picture ID Badge
_____	_____	_____	Computer Entry
_____	_____	_____	Fingerprints
_____	_____	_____	CJIS Security Awareness
_____	_____	_____	Interview

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

APPROVED:  YES  NO

APPROVAL SIGNATURE: \_\_\_\_\_

DATE OF START: \_\_\_\_\_