



HENDERSON POLICE DEPARTMENT
**BACKGROUND INVESTIGATIONS
PROCEDURES & RESULTS WAIVER**

HPD 0089

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Initials
Below

_____ I acknowledge that by missing any scheduled appointments, I may be disqualified from the process.

_____ I acknowledge that I need to contact and check-in with the HP Volunteer office on a regular basis. I understand that failure to update any changes in my background within three (3) days of the change may disqualify me from the process.

_____ I understand that the Background Investigation is designed to evaluate candidates based on characteristics of a person's complete life history and suitability for a volunteer position with the Henderson Police Department Hiring Standards. Hiring Standards are confidential and not available for review.

_____ Our Chain of Command will review your overall profile to determine your suitability for the Henderson Police Department Volunteer program. The decision is ultimately made by our Chain of Command. Details of the Background Investigation and information obtained cannot and will not be disclosed.

_____ I understand that there is no Appeal Process and will not contact my Background Investigator after the decision is made. The Background Investigator cannot change the decision once it is made.

Full Name (Print Legibly)	Signature	Date Signed
Other Names Used	Date of Birth	SSN



HENDERSON POLICE DEPARTMENT
Criminal Background Authorization –
Non CJIS Vendors / Volunteers

HPD 0087A

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I authorize the Henderson Police Department to run a nationwide computer based background check on myself .

I waive my rights under Title 5, United States Code, Section 552A, Privacy Act of 1974, with the understanding that only the City of Henderson will use the information furnished.

This waiver applies to all information covered by Title 5 as well as any relevant information not covered by that statute.

I hereby release you, your organization and others from any liability or damage which may result from furnishing the information requested, including any liability pursuant to any state or local code or ordinance or any similar laws.

I understand that I may be requested to provide arrest information and obtain documentation from other law enforcement agencies.

I further understand that failure to disclose arrests and convictions with any other agency or failing to obtain the requested information in a timely manner, can result in disqualification of eligibility to volunteer, contract with or work for the City of Henderson.

Print Full Name

Signature

Date

Vendor / Volunteer Applicant Information			
Date of Birth	SSN	Address:	
Cell Phone	Home Phone	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Copy of Driver's License/ID must be attached to form to process background: <input type="checkbox"/>			
City Employee, POC, for this Vendor / Volunteer			
Name	Dept	Phone #	Mail Stop Code
For Henderson PD Use ONLY			
Has Active Warrant <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No HPD Arrests <input type="checkbox"/> Yes, HPD Arrests			
1. Arrest Date:	Charge(s):		
2. Arrest Date:	Charge(s):		
3. Arrest Date:	Charge(s):		
4. Arrest Date:	Charge(s):		

PD Employee Signature

Date



HENDERSON POLICE DEPARTMENT
POLICE VOLUNTEER APPLICATION

HPD 0068

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Name: last, first, middle _____ DOB: _____

SSN: _____ Race: _____ Sex: _____ Height: _____ Weight: _____

Hair _____ Eyes: _____ Email: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Driver's License #: _____ State: _____ Expires: _____

Previous Driver's Lic #: _____ State: _____ Expired: _____

CCW Permit Number: _____ Expires: _____

Emergency Contact: _____ Phone #: _____

Previous Law Enforcement: [] Yes [] No

If yes, list agency and years of service: _____

Previous Volunteer Work? [] Yes [] No

If yes, list where and years of service: _____

Have you ever been arrested or convicted of a crime (excluding traffic tickets)? [] Yes [] No

If yes, please explain circumstances: _____

Number of hours each week you can volunteer: _____

List the days of the week you are able to volunteer: _____

Marriage Status: [] Married [] Single [] Cohabiting

Spouse's Name: _____ DOB: _____ SSN: _____

Applicant Signature

Date

FOR HPD OFFICIAL USE ONLY

Received by: _____ Date: _____

Volunteer For: [] Police [] Animal Control

Criminal Records Search: _____ Date: _____

Approved By: _____ Date: _____