

LINCOLN POLICE DEPARTMENT APPLICATION FOR:

VOLUNTEERS
INTERNS
CHAPLAINS



INSTRUCTIONS: Review the qualifications on **PAGES 2-4** to ensure that you meet the required criteria before completing the application. Be sure to answer all questions completely and provide all information requested. Acknowledge any items that do not pertain to you by writing "N/A."

**Failure to provide the requested information and/or submitting an incomplete application may disqualify you from further consideration.
Return the completed application to the address below.**

**Return to: Lincoln Police Department
Attn: Resource Coordinator
575 South 10th Street
Lincoln, NE 68508**

ISSUE DATE: 1/23/2018

LINCOLN POLICE DEPARTMENT

Volunteer/Intern/Chaplain Qualifications

The Lincoln Police Department seeks to provide opportunities for community volunteers (i.e., volunteers, interns, and chaplains) to actively participate in and make meaningful contributions to the operations of the department (General Orders 1130 & 1180).

Honesty and Integrity are essential traits for anyone working within a law enforcement agency. Any false statements, lack of candor, or failure to fully divulge requested information may result in immediate disqualification from the selection process (LPD General Orders 1130 and 1180).

PART 1 - Minimum Requirements

- Be at least 21 years of age (18 years for college students completing a formal college internship requirement).
- Be a US citizen, or hold legal immigration or temporary residency status, with the ability to read and write the English language.
- Applicant must possess a high school diploma or GED.
- Applicant must have a GPA of at least 2.50 (INTERN APPLICANTS ONLY).
- Applicant must possess the proper documentation to be able to obtain employment in the United States of America.
- Applicant must have a history of financial responsibility.
- Applicant cannot have a poor employment history or poor employment performances. This may include, but is not limited to:
 - Terminations
 - Numerous jobs with short term employment
 - Disciplinary issues
 - Extended absences
- If the applicant will be expected to drive or may have the occasion to drive, then he or she must possess a valid driver's license AND his or her traffic history must not show an extreme disregard for the laws in the past two years. The applicant must also carry insurance.
- Applicant cannot exhibit or have a history of lacking physical, mental, or emotional capacity to work in a law enforcement facility.
- Applicant's criminal history (including both convictions and law enforcement contacts) will not demonstrate a disregard for the law.
- Successfully pass a background investigation that may include a(n):
 - interview
 - criminal and personal history investigation (NCIC, NCJIS, TLO check, local files, fingerprints)
 - credit history check
 - previous employment verification and performance checks
 - review of application

- education verification
- online searches or online vetting

PART 2 – Automatic Disqualifiers

Criminal Violations: The following may be disqualifying factors:

- Any adult felony conviction.
- Any juvenile felony adjudication within the past five years.
- Commission of any crime of violence, including domestic violence.
- Commission of any sexual offense.

Drug Use: The use of illegal drugs and the illegal use of prescription drugs means the use, possession, or distribution of drugs which is unlawful under the provisions of the Uniform Controlled Substances Act in Nebraska or its equivalent in any other jurisdiction.

The following drug use (or distribution of which) will be disqualifying:

- Any use of illegal drugs while employed by a law enforcement agency.
- Any participation in the manufacture, selling, offering to sell, distribution or transporting for sale any illegal drugs/narcotics.

PART 3 - POTENTIAL DISQUALIFIERS

Criminal Relationships: Applicant maintains an on-going relationship with individuals who have been convicted of felony crimes and/or who are reputed to be involved in recent or current criminal activity.

Criminal Violations: An applicant's criminal record, including all arrests, prosecutions, deferred prosecutions, and non-conviction information will be thoroughly assessed and may be grounds for disqualification.

Potential Disqualifiers include:

- Commission of a felony crime (non-conviction).
- Applicant has criminal proceedings pending or is under investigation for a crime.
- Applicant has been involved in significant misdemeanor activity.
- Applicant's history shows a pattern of thefts (e.g., theft by deception, fraud, forgery, bad checks).

Driving Record: Applicant's driving record shows a continuing and/or recent pattern of poor decision making.

- Any criminal (non-infraction) traffic conviction within the past 5 years. Some possible violation examples include: Driving under the Influence (DUI), Reckless Driving, or Hit & Run.
- Suspension or revocation of your driver's license within five (5) years of the date of employment application

Employment Record: An applicant's employment history, including a pattern of unexcused absences, discipline, any terminations, or leaving an employer in lieu of termination, will be thoroughly assessed and may be grounds for disqualification.

Military Experience: If applicant served in the Military, discharged must have been under honorable conditions.

Drug Use: A pattern of illegal or prescription drug abuse within the last three (3) years.

TYPE OR CLEARLY PRINT YOUR RESPONSES IN BLUE OR BLACK INK

VOLUNTEER

INTERNSHIP

CHAPLAINCY

PERSONAL INFORMATION

Name: _____
(First, MI, Last)

Complete Current Address: _____

How long have you lived at this address? _____
If less than 3 years, provide previous address _____

Home phone with area code: _____

Mobile phone with area code: _____

E-mail address: _____

Date of Birth _____ Social Security Number _____

Nebraska Driver's License number: _____ Expiration: _____

Please list the full names and dates of birth of all individuals who live with you (attach additional sheets of paper if necessary):

First, Middle, and Last Name: _____ Date of Birth: _____

First, Middle, and Last Name: _____ Date of Birth: _____

First, Middle, and Last Name: _____ Date of Birth: _____

First, Middle, and Last Name: _____ Date of Birth: _____

First, Middle, and Last Name: _____ Date of Birth: _____

First, Middle, and Last Name: _____ Date of Birth: _____

First, Middle, and Last Name: _____ Date of Birth: _____

First, Middle, and Last Name: _____ Date of Birth: _____

VOLUNTEER INFORMATION

List all previous volunteer activities, **INCLUDING INTERNSHIPS**. Attach additional pages if necessary.

<u>Organization</u>	<u>Assignment</u>	<u>Supervisor</u>	<u>Phone number</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Do you have experience using a computer for basic office activities (e.g., e-mail, word processing, data entry)?

Yes No

What days/hours can you volunteer?

- Sun: From _____ to _____
- Mon: From _____ to _____
- Tue: From _____ to _____
- Wed: From _____ to _____
- Thu: From _____ to _____
- Fri: From _____ to _____
- Sat: From _____ to _____

EDUCATION

Did you graduate from high school? Yes No

High School: _____ Location: _____

Year(s): _____ GPA: _____

List all colleges attended and degree(s) obtained:

School: _____ Location: _____

Degree/Field: _____ Year(s): _____

GPA: _____

School: _____ Location: _____

Degree/Field: _____ Year(s): _____

GPA: _____

School: _____ Location: _____

Degree/Field: _____ Year(s): _____

GPA: _____

School: _____ Location: _____
Degree/Field: _____ Year(s): _____
GPA: _____

School: _____ Location: _____
Degree/Field: _____ Year(s): _____
GPA: _____

School: _____ Location: _____
Degree/Field: _____ Year(s): _____
GPA: _____

EMPLOYMENT HISTORY

Starting with your most current employment, list all jobs you have held in the **past 10 years**: attach additional sheets if necessary. Show any periods of military service or unemployment in the appropriate spaces provided. If you report past military service, please provide a photocopy of your DD-214.

Dates of Employment		Name and Address of Employer		Name of Supervisor
From Mo. Yr. _/_	To Mo. Yr. _/_			
		Telephone No		When can supervisor be contacted? (Shift, Hours, Work Days)
		Fax No.		
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		Title or duties (for identification purposes)		
Reason for Leaving				
<input type="checkbox"/> Military Service <input type="checkbox"/> Not employed From: Mo. ___Yr.____ To: Mo. ___Yr.____				
Dates of Employment		Name and Address of Employer		Name of Supervisor
From Mo. Yr. _/_	To Mo. Yr. _/_			
		Telephone No		When can supervisor be contacted? (Shift, Hours, Work Days)
		Fax No.		
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		Title or duties (for identification purposes)		
Reason for Leaving				
<input type="checkbox"/> Military Service <input type="checkbox"/> Not employed From: Mo. ___Yr.____ To: Mo. ___Yr.____				

Dates of Employment		Name and Address of Employer		Name of Supervisor
From Mo. Yr. ____/____	To Mo. Yr. ____/____			When can supervisor be contacted? (Shift, Hours, Work Days)
		Telephone No		
		Fax No.		
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		Title or duties (for identification purposes)		
Reason for Leaving				
<input type="checkbox"/> Military Service <input type="checkbox"/> Not employed From: Mo. ____Yr.____ To: Mo. ____Yr.____				
Dates of Employment		Name and Address of Employer		Name of Supervisor
From Mo. Yr. ____/____	To Mo. Yr. ____/____			When can supervisor be contacted? (Shift, Hours, Work Days)
		Telephone No		
		Fax No.		
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		Title or duties (for identification purposes)		
Reason for Leaving				
<input type="checkbox"/> Military Service <input type="checkbox"/> Not employed From: Mo. ____Yr.____ To: Mo. ____Yr.____				

Dates of Employment		Name and Address of Employer		Name of Supervisor
From Mo. Yr. ____/____	To Mo. Yr. ____/____			When can supervisor be contacted? (Shift, Hours, Work Days)
		Telephone No		
		Fax No.		
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		Title or duties (for identification purposes)		
Reason for Leaving				
<input type="checkbox"/> Military Service <input type="checkbox"/> Not employed From: Mo. ____Yr.____ To: Mo. ____Yr.____				
Dates of Employment		Name and Address of Employer		Name of Supervisor
From Mo. Yr. ____/____	To Mo. Yr. ____/____			When can supervisor be contacted? (Shift, Hours, Work Days)
		Telephone No		
		Fax No.		
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		Title or duties (for identification purposes)		
Reason for Leaving				
<input type="checkbox"/> Military Service <input type="checkbox"/> Not employed From: Mo. ____Yr.____ To: Mo. ____Yr.____				

CRIMINAL HISTORY

Have you ever been arrested or detained, even as a juvenile? Yes No

If Yes, give date(s) location, charges, and disposition for each incident. Include arrests which were dismissed, sealed, or otherwise disposed of, and cases still pending. Use additional pages if necessary.

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

DRIVING HISTORY

List all traffic tickets you've received in the last 5 years. For each, give year, city, and type of violation (e.g., speeding, careless driving).

MISCELLANEOUS

Have you ever applied for a permit to carry a concealed or exposed weapon? Yes No

If "Yes," supply the information below.

- 1. Was the permit granted? Yes No Date granted: _____
- 2. Was the permit revoked or expired? Yes No Date revoked or expired: _____

Purpose of permit: _____

Name of law enforcement agency: _____

Agency: _____

Phone number: _____

In the spaces below list any Internet websites you've created and/or sites and message boards of which you are a member.

Internet Site Address	Site Theme (e.g., social, business, professional contacts)

Is there anything in your background that has not been covered in the preceding questions, which could affect your eligibility to volunteer with the Lincoln Police Department?

I certify that the information contained in this application is true and complete to the best of my knowledge.

Signature

Date

Printed Name

WAIVER AND AUTHORIZATION TO RELEASE INFORMATION

I understand that any material omissions and/or false information I record on the application will be sufficient reason for rejection of this application or termination of my volunteer status. In addition, I authorize and request each and every former employer, school, individual agency, organization or law enforcement agency to answer any and all questions that may be asked and here withhold such persons harmless for giving any information within their knowledge or record. As a condition of acceptance as a volunteer/intern/chaplain, I agree to submit documents relating to my identity and employment authorization within prescribed time limits in accordance with the Immigration Reform and Control Act of 1986.

I give my consent for full and complete disclosure of the records of educational institutions; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me, and salary records; records of complaint, arrest, trial and/or convictions for alleged or actual violations of law, including criminal, civil and/or traffic records; the results of any polygraph examination, psychological exams or medical exams; records of complaint of a civil nature made by or against me, whatsoever located and to include the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case in which I presently have, or have had an interest.

I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation which may provide pertinent data for the Lincoln Police Department to consider in determining my suitability for volunteer assignment by that Department. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically identified herein.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for volunteer assignment by the Lincoln Police Department. I understand that all materials pertaining to this background investigation become the property of the Lincoln Police Department and I will not have access to any of the background investigation.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. I further understand, the sources of confidential information cannot be revealed to me.

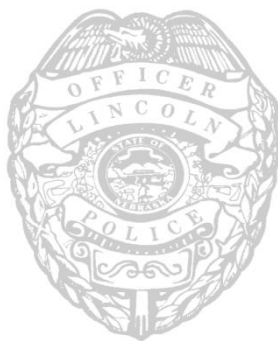
If accepted as a volunteer/intern/chaplain, I understand that I have no right to continue my status as such or appeal rights if terminated. I further understand that I am not an employee of the City of or any department thereof, and am not eligible for any remuneration or benefits of any kind or nature.

As a volunteer/intern/chaplain, I agree not to release any information obtained by me in the course of my service to any person outside the Lincoln Police Department except as specifically directed by my unit supervisor. I further agree that even though I am not an employee of the City of Lincoln, I will abide by the orders, rules, and regulations of the Lincoln Police Department.

I further agree to hold the City of Lincoln, Nebraska, its departments, and employees harmless for any accident, injury, or other liability incurred or suffered by me while acting as a volunteer.

Signature _____ Date _____

Printed Name _____



BACKGROUND CHECK WAIVER

This form must be completed and signed by every current or prospective employee, volunteer, and contractor/vendor, for whom criminal history records are requested by a qualified entity under Nebraska law.

I, _____ hereby authorize the **Lincoln Police Department, Lincoln Fire & Rescue, Lancaster Sheriff's Department, and the University of Lincoln Police Department** to submit a set of my fingerprints and this form to the Nebraska State Patrol for the purpose of accessing and reviewing the Nebraska and FBI national criminal history records that may pertain to me. I understand that I would be able to receive any national criminal history record that may pertain to me directly from the FBI, pursuant to 28 CFR Sections 16.30-16.34, and that I could then freely disclose any such information to whomever I chose. By signing this Waiver Agreement, it is my intent to authorize the dissemination of any national criminal history record that may pertain to me to the above agency with which I am or am seeking to be employed or to serve as a volunteer.

I understand that, upon request, you will provide me a copy of the criminal history background report, if any, you receive on me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I also understand that I can refer to *FBI.gov* to find additional information on how to challenge the federal report. I also understand that I can contact the Nebraska State Patrol-Criminal Identification Division to challenge any state record. I may obtain a prompt determination as to the validity of my challenge before you make a final decision about my status as an employee, volunteer, contractor, or subcontractor.

I ____ have ____ have not been convicted of a crime.

If convicted, describe the crime(s) and the particulars of the conviction(s) in the space below. Attach additional papers if needed.

I am a current or prospective (check one): Employee____ Volunteer/Intern____ Contractor/Vendor____

Signature: _____ Date: _____

Date of Birth: _____

Printed Name: _____

Address: _____

LINCOLN POLICE DEPARTMENT CHAPLAIN'S ADDENDUM

(must be completed by all volunteers wishing to serve as chaplains)

Are you active () or retired () in your ministry?

Please provide the name and address of your local Church, Synagogue, Mosque or house of worship:

(Name)

(Street) (City) (State) (Zip)

Office phone: () _____

Denomination affiliation: _____

Date Licensed () or Ordained (): _____

Denomination granting license or ordination: _____

(Please enclose a copy or documentation of license/ordination information)

Please list all courses taken in Pastoral Care, Counseling, etc.:

Date

_____	_____
_____	_____
_____	_____
_____	_____

This application must include personal letters of reference from:

- 1) A clergy colleague;**
- 2) A Denominational executive; AND**
- 3) A lay person**

Please note that without these reference letters, the application is incomplete and cannot be considered.