



## Statement of Understanding

I understand that neither this application nor any document contained within it is an offer of or confirmation of employment with or by the City of Groesbeck or the Groesbeck Police Department. This application is NOT confirmation that I have or will be accepted into the Citizens on Patrol (COP) program. I understand that this application serves as a tool for an extensive background check on me, the applicant, to determine eligibility for participation in the Groesbeck Police Department's COP program. If I am chosen to participate in the COP program, I, the applicant understand that I will NOT receive any type of compensation for my participation or for the use of my personal vehicle or other personal effects. I understand that I may terminate my affiliation with the COP program at any time and that I may be removed or terminated from the program at any time with or without cause or notice. I understand that I must have a valid Texas driver's license and liability insurance if I will be driving any vehicle. I understand that I must have a valid state identification card (driver's license or state I.D.), and I must have a high school diploma or a GED equivalent to participate in the Citizens on Patrol program.

\_\_\_\_\_ (Initial)

I understand that by signing the forms contained within this application that I am certifying that there are no willful misrepresentations, omissions, or falsifications in the statements and/or answers to the questions contained in the application. I understand that any omission or false statement, or misrepresentation in this application is cause for rejection. I understand that I will NOT be trained to be a Peace Officer of the State of Texas and that I will have NO special police powers given to me by the State of Texas, Limestone County, the City of Groesbeck, or the Groesbeck Police Department. If chosen to participate in the COP program, I will abide by all the program policies, rules, regulations, and laws set forth by the United States government, the State of Texas, the City of Groesbeck, and the Groesbeck Police Department.

\_\_\_\_\_ (Initial)

Privacy Act Notice: The Police Department's Volunteer Application Addendum requests your social security number. Disclosing your social security number on these forms is voluntary. The request is made pursuant to the Police Department's practice of requiring volunteers to undergo a criminal history record check and using their social security numbers along with other identifying information to conduct criminal history record checks on them. This information is necessary for the Police Department to obtain accurate criminal history record information and will be used only for that purpose. Signing this form indicates that you have read and understand that your social security number will be used by the Police Department to obtain access to your criminal history record information.

\_\_\_\_\_ (Initial)

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

### Notary:

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_.

\_\_\_\_\_  
Notary/Officer Signature  
State of Texas }

**Release of Liability**

County of Limestone }

Known All Men By These Presents:

That I, \_\_\_\_\_ of \_\_\_\_\_ Limestone County, Texas, for and in consideration of the Groesbeck Police Department allowing me to participate in the Groesbeck Police Department's Citizens on Patrol (COP) program, do hereby release, acquit and forever discharge the City of Groesbeck, its agents, servants, volunteers, officers and employees, both elected and appointed, from any and all liability, actions, causes of actions, claims, demands or suits whatsoever, which I may now or hereafter have or claim to have, on account of or arising out of personal injuries or damage to persons or property, or involving any impairment or damage to any right (including, but not by a way of limitation, right to be paid for loss of time, services or for expenses incurred), accruing to me because of or in any way related to my participation in the program. I further warrant that no promise, statement, threat or agreement not herein expressed has been made, and that I fully understand this instrument and I execute it with full knowledge of its meaning, having first read it carefully. I understand that I am not entitled to employment benefits provided to employees of the City of Groesbeck.

\_\_\_\_\_  
Applicant's Printed Name                      Applicant's Signature                      Date

**Notary:**

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_.

\_\_\_\_\_  
Notary/Officer Signature

**AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION**

I do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the City of Groesbeck Police Department, whether the said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of: the records of educational institutions; financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings); and other financial statements and records wherever filed; employment and pre-employment records, including background reports, efficiency ratings, complaints, grievances, and disciplinary actions filed by or against me and the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest.

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 participation in the Groesbeck Police Department's Citizens on Patrol (COP) program.

I also certify that any person(s) and governmental entit(y)(ies) who may furnish such information concerning me shall not be held accountable for giving this information; and I hereby release, indemnify, and hold harmless said person(s) and governmental entit(y)(ies) from any and all liability which may be incurred as a result of furnishing such information. I also release and hold harmless the City of Groesbeck from any claim or demand related to the City of Groesbeck obtaining and/or considering any such information.

I also authorize the release of my name and full disclosure of all records concerning myself to verify past and future applications with other law enforcement agencies.

I understand that the information obtained during the background investigation is confidential and the Groesbeck Police Department will not release to me any details of these interviews or the reason(s) for rejection. If the reasons for my rejection are temporary in nature whereby I may be accepted at a later date, I understand I may be notified.

A photocopy of this release form will be valid as an original thereof, even though said photocopy does not contain an original writing of my signature.

\_\_\_\_\_  
Applicant's Printed Name                      Applicant's Signature                      Date

\_\_\_\_\_  
Witness Printed Name                      Witness Signature                      Date

## IDENTIFICATION INFORMATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
   Last  First  Middle

List any other names used past or present (maiden name, nick name, legal name change, etc.):

\_\_\_\_\_

\_\_\_\_\_

Social Security: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_

Present Address: \_\_\_\_\_  
Give full mailing address including zip code

How long at this address: \_\_\_\_\_

Home phone: (\_\_\_\_) \_\_\_\_\_ Cell phone: (\_\_\_\_) \_\_\_\_\_

Work phone: (\_\_\_\_) \_\_\_\_\_

\*Best contact number: (\_\_\_\_) \_\_\_\_\_

E-mail address: \_\_\_\_\_  
Print – letters and numbers should be clear and distinct

**Citizens who are interested in volunteering should first sign up to attend the Groesbeck Citizen Patrol Academy. Have you attended and completed the GCPA training?**

- YES** - When did you attend? \_\_\_\_\_
- NO** – I plan to attend an upcoming academy

Year

\_\_\_\_\_ Year

**Previous addresses for last 5 years: (full mailing address):**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

## EDUCATIONAL BACKGROUND

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED

Years in College: 1 2 3 4 Degree: Associates, Bachelors, Masters, other: \_\_\_\_\_

Name of High School: \_\_\_\_\_  
H.S. you graduated from

Location of High School: \_\_\_\_\_  
City State

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## EMPLOYMENT HISTORY

Current Employer: \_\_\_\_\_  
Name of Company

Address: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Supervisor: \_\_\_\_\_

Start date: \_\_\_\_\_

Description of duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Employment Past 3 years:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Duration: Years \_\_\_\_\_ Months \_\_\_\_\_ Supervisor: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Job Title: \_\_\_\_\_

**Employment Past 3 years continued:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Duration: Years \_\_\_\_\_ Months \_\_\_\_\_ Supervisor: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Job Title: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Duration: Years \_\_\_\_\_ Months \_\_\_\_\_ Supervisor: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Job Title: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Duration: Years \_\_\_\_\_ Months \_\_\_\_\_ Supervisor: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Job Title: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Duration: Years \_\_\_\_\_ Months \_\_\_\_\_ Supervisor: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Job Title: \_\_\_\_\_

**MILITARY SERVICE**

Branch: \_\_\_\_\_ Start/End Date: \_\_\_\_\_

Active or Reserve: \_\_\_\_\_ Rank: \_\_\_\_\_

Discharge Status: \_\_\_\_\_

(If applicable include an attached sheet explaining why you received a DISHONORABLE discharge)

## VOLUNTEER SERVICE

List all current or previous volunteer work :

Name	City/State	Title/Service	# of Years	Resigned/Terminated

(If terminated attach a sheet explaining reason)

## MISCELLANEOUS INFORMATION

Do you have an immediate relative by blood or marriage currently employed by or volunteering for the City of Groesbeck or Groesbeck Police Department?

YES  NO

If yes, list who & their position: \_\_\_\_\_

Have you ever committed a felony or misdemeanor crime OTHER than a traffic violation?

YES  NO (If yes then attach an explanation)

Have you ever been arrested and/or convicted for ANY felony or misdemeanor crime including a traffic violation?

YES  NO (If yes then attach an explanation)

Is there anything in your past or present which you think might disqualify you from functioning as a member of the Citizen on Patrol program?

YES  NO (If yes then attach an explanation)

Are you currently under investigation or suspicion for any felony or misdemeanor crime OTHER than a traffic violation?

YES  NO (If yes then attach an explanation)



## PERSONAL REFERENCES

List three (3) personal references other than former supervisors or family members that have known you for at least 5 years.

1. \_\_\_\_\_  
Name Address

(\_\_\_\_) \_\_\_\_\_  
Phone Number Email Address Years Known

2. \_\_\_\_\_  
Name Address

(\_\_\_\_) \_\_\_\_\_  
Phone Number Email Address Years Known

3. \_\_\_\_\_  
Name Address

(\_\_\_\_) \_\_\_\_\_  
Phone Number Email Address Years Known

In your own words, briefly tell why you would like to be a member of the Groesbeck Police Department's Citizens on Patrol program:

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**REQUIRED ATTACHMENTS**

- 1. Photocopy of your valid driver's license or state identification card
- 2. Photocopy of your valid vehicle insurance

## VOLUNTEER POSITION DESCRIPTION

**POSITION TITLE:** Citizens on Patrol member

**SUMMARY OF FUNCTION:** The Citizens on Patrol is a program to enhance crime prevention and community policing efforts by empowering citizen volunteers to actively patrol their community and assist in police operations that do not require a sworn officer.

A volunteer is a non-salaried individual who offers his/her services for a limited time, acting in a specific capacity willingly by one's own accord. A volunteer has no salary, benefits or labor relations rights of a City employee and serves "at the will" of the Chief of Police. A volunteer can be placed in or removed from volunteer duties by the Chief of Police or his/her designee with or without cause.

**ESSENTIAL FUNCTIONS:**

	<b>FREQUENCY</b>
1. Assists by observing and reporting emergency and non-emergency incidents related to criminal activity or the safety and appearance of the city.	Frequent
2. Assists with efforts to enhance crime prevention awareness in the community by distributing premise security check cards.	Frequent
3. Assists with traffic control at the discretion of a police supervisor and waiting for wreckers after a police officer arrests the driver and inventories the vehicle.	Frequent
4. Attends neighborhood watch & community meetings. May conduct vacation checks on homes and business information updates.	Frequent
5. Assists with traffic control at special events and traffic crashes at the discretion of a police officer.	Frequent

**OTHER FUNCTIONS:** Performs other duties as assigned.