



Anne Arundel County Police Department
 8495 Veterans Highway Millersville, Maryland 21108
 (410) 222-8050
www.aacounty.org/police
Amal Awad
Chief of Police



VOLUNTEER PROGRAM APPLICATION

FOR ANNE ARUNDEL COUNTY ANIMAL CARE & CONTROL

Please carefully fill out this form, providing explanation as necessary, so that we can consider you for our volunteer program. You must be at least 18 years of age to volunteer for Anne Arundel County Animal Care & Control.

NAME: _____
 Last First Middle Maiden

ADDRESS: _____
 Number and Street (Apt. No) City State Zipcode

How long have you lived at the above address? _____ Days/Months/Years (circle one)

PREVIOUS ADDRESS: _____
 Number and Street (Apt. No) City State Zipcode

TELEPHONE: HOME _____ CELL _____ WORK _____

EMAIL: _____ SOCIAL SECURITY #: _____

DRIVER'S LICENSE NUMBER: _____ ISSUING STATE: _____

BIRTH DATE: _____ SEX: Male Female

U.S. CITIZEN: Yes No RACE: _____

EMERGENCY CONTACT: _____
 Name Relationship Phone Number

CURRENT EMPLOYER: _____ OCCUPATION: _____

May we call you at work? Yes No

Do you have medical insurance? Yes No
 If yes, please list the insurance company you have a policy with: _____

When would you be ready to begin volunteering? _____
 Length of Commitment _____ (days/months/years/summer only)

Nationally Accredited Law Enforcement Agency

Recycled Paper

Have you ever had a pet die at an early age or due to an accident? [] Yes [] No

If yes, please explain: _____

OTHER INFORMATION

Please list any previous volunteer experience you have (including community and extracurricular activities): _____

Are you a member of any animal welfare organizations? [] Yes [] No

If yes, please describe how you participate: _____

Are you a member of any organizations, clubs or groups? [] Yes [] No

If yes, please list the groups, clubs or organizations you belong to: _____

Please list special job-related interests and skills to help us identify the best assignment match below:

Please explain briefly why you wish to volunteer with the Police Department's Animal Care & Control Section:

Please describe what animal-related experience you possess (work, volunteer or personnel): _____

Please describe any special skills you have that may contribute to the volunteer program if you are selected: _____

How did you hear about our program? _____

Do you have any physical, medical or psychological limitations or disabilities (i.e. heart condition, mental illness, allergies, old injuries, epilepsy, etc.)? Yes No

If yes, please explain: _____

(Failure to disclose any limitations prior to acceptance will result in dismissal from the Volunteer Program)

Although we make every effort to see that all the animals in our care are adopted, redeemed or rescued, there are instances when an animal becomes unadoptable and is euthanized. How do you feel about this? _____

Have you ever been charged with a crime? Yes No

If yes, please explain: _____

Volunteering for Animal Care & Control is not only animal related. It also involves constant contact with the general public and Animal Care & Control staff. How do you feel about interacting with all types of people? _____

Are you comfortable taking directions from others? Yes No

If no, please explain: _____

Do you understand completion of this application does not mean acceptance into the volunteer program? Yes No

Do you object to:

(1) A background investigation? Yes No

(2) Fingerprinting? Yes No

(3) Your photograph on record? Yes No

Do you agree to abide by the policies and procedures presented to you during orientation and any subsequent training? Yes No

Do you agree to be supervised by the staff of Animal Care & Control? [] Yes [] No

Have you read Anne Arundel County's Code of Animal Care & Control Laws? [] Yes [] No

If yes, do you understand and agree with the Animal Care & Control Laws? [] Yes [] No

Do you agree that all information given on this form is true and correct to the best of your knowledge?
[] Yes [] No

AUTHORIZATION FOR RELEASE OF INFORMATION & STATEMENT OF CONSENT

I, _____, do hereby authorize a review of all records, or any part thereof, concerning myself, by and to a duly authorized agent of the Anne Arundel County Police Department, whether the said records are public or private, and including those that may be deemed to be of a privileged or confidential nature. I understand that should any statement I have made prove to be false, misleading or erroneous it may result in rejection of my application or discharge from Volunteer Services.

SIGNATURE OF VOLUNTEER APPLICANT

DATE

NAME PRINTED



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Authorization for Release of Information

I, _____, do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by a duly authorized agent of Anne Arundel County Police Department/ Anne Arundel County Government, whether the said records are public private or confidential nature, and regardless of whether the information released may be derogatory in 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 and deposits, withdraws and balances of checking and savings accounts, and loans, and also the records of commercial or retail credit agencies (including credit reports and/or ratings), medical and psychiatric treatment and/or consultations, including hospitals, clinics, private practitioners, and the U.S. Veteran's Administration, public utility companies, employment and pre-employment records, including background reports; (including prior A.A. County Police Department Investigations) and polygraphs examinations results, efficiency ratings, complaints or grievances filed by or against me, internal affairs investigations/reports and salary records; real and personal property records, and other finical statements and records where-ever filed; records of complaint, arrest, trial and/or convictions for alleged or actual violations of law, including criminal and/or traffic records; records of complaints of a civil nature made by or against me, wheresoever 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 acknowledge and agree 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 Anne Arundel County Police Department/ Anne Arundel County Government to consider in determining my suitability for employment by the Department. It is my specific intent to provide access to personal information, copies of that information, however personal, or confidential it may appear to be, and the sources and content of information specifically identified herein.

I understand that any information obtained through 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 employment by the Anne Arundel County Police Department/ Anne Arundel County Government. I further understand that any information obtained through this background investigation may be released upon request to another law enforcement agency of Anne Arundel County Government, in connection with my application for employment with that agency, within one year from the date of my signature below.

I agree to indemnify and hold harmless the person in whom this request is presented and his agents and employers, from and against all claims, damages, losses and expenses, including reasonable attorneys' fees arising out of or by reason of complying with this request.

If illegal behavior and/or activities are uncovered, the appropriate authorities will be notified.

I further understand that whether or not I am selected for the position, the source of confidential information gathered through the background investigation will not be revealed to me. A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

SIGNATURE: _____ DATE: _____

MAIDEN NAME: _____

ADDRESS: _____

 WITNESS

D.O.B.: _____ Last Four of SSN: _____

**ANNE ARUNDEL COUNTY POLICE DEPARTMENT
CRIME PREVENTION UNIT
MILLERSVILLE, MARYLAND
REQUEST FOR RECORDS CHECK**

To: Central Records / Criminal History

Please check the following individual through our in-house files, NCIC, and MILES for a criminal record, or report as a victim, witness, suspect, or complainant, and forward any such record / reports found to Cpl. R. Ziebell in the Crime Prevention Unit.

Date of request: _____ Purpose: **Animal Control Volunteer**
Investigator: Cpl. R. Ziebell ID#: 1859

Last name First Middle (full middle name)

Maiden name

Aliases / Other names used

Address / Zip Code

Age: _____ Sex: _____ Race: _____ Status: _____

Hgt: _____ Wgt: _____ Eyes: _____ Hair: _____ DOB: _____

Home: _____ Work: _____
Telephone numbers Birthplace

SSN Driver's License Number / State

Scars / Marks / Tattoo's etc.

Employer's Name / Address Occupation

Photographed: Yes No Fingerprinted: Yes No