

DATE: _____



HOLLYWOOD POLICE DEPARTMENT PUBLIC AFFAIRS (954) 967-4371 PAL- Board of Directors Application

PERSONAL HISTORY

1. _____, _____, _____, _____
LAST NAME FIRST NAME MIDDLE NAME SUFFIX (Jr., II, Sr.)

2. List other names you have used, including nicknames, maiden name, or aliases:

3. _____ Years _____ Months _____
RESIDENCE ADDRESS (Include Apt. #) How long at present residence?

4. _____
CITY COUNTY STATE ZIP CODE

5. HOME TELEPHONE (____) _____ WORK NUMBER (____) _____
CELL TELEPHONE (____) _____ E-MAIL ADDRESS _____

6. SOCIAL SECURITY NUMBER _____ - _____ - _____

7. DRIVER'S LICENSE NUMBER _____ STATE _____

8. _____
DATE OF BIRTH (Month-Day-Year)

9. Are you a United States Citizen? Yes No Legal Resident Permanent Resident

Work Authorization # _____ If a Naturalized Citizen provide date: _____

Certificate number: _____ Location _____

EMPLOYMENT HISTORY

NAME & ADDRESS OF EMPLOYER	DATES EMPLOYED	TITLE OF LAST POSITION	SUPERVISORS NAME(s)
NAME	FROM		
ADDRESS	TO		
CITY, STATE, ZIP	<input type="checkbox"/> Full-time		
PHONE ()	<input type="checkbox"/> Part-time		

NAME & ADDRESS OF EMPLOYER	DATES EMPLOYED	TITLE OF LAST POSITION	SUPERVISORS NAME(s)
NAME	FROM		
ADDRESS	TO		
CITY, STATE, ZIP	<input type="checkbox"/> Full-time		
PHONE ()	<input type="checkbox"/> Part-time		
DUTIES:			

CRIMINAL HISTORY

Have you ever been convicted of a criminal offense, plead guilty or nolo contendere, or found guilty of criminal offense, even though adjudication was withheld or sentence was suspended? No Yes, Explain:

DATE	AGENCY NAME CITY, STATE, COUNTRY	CHARGE	COURT NAME, CITY & STATE	DISPOSITION & CIRCUMSTANCES OF ARREST

Briefly describe why you would like to join our Board of Directors:

Your current organizational affiliations (names of the organization and your role(s) :

1. _____
2. _____
3. _____
4. _____

Which of your skills would you like to utilize on the Board? Check those that apply:

- | | | |
|--|---|--|
| <input type="checkbox"/> Board Development | <input type="checkbox"/> Financial Management | <input type="checkbox"/> Training |
| <input type="checkbox"/> Strategic Planning | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Staffing / HR | <input type="checkbox"/> Evaluation | <input type="checkbox"/> Volunteer Management |
| <input type="checkbox"/> Program Development | <input type="checkbox"/> Community Networking | <input type="checkbox"/> Facilities Management |

Other skill(s) of yours that you would like to utilize? _____

What would you like to get out of your participation on the Board, e.g., what types of experiences, skills to develop, interests to cultivate for you, etc.?

Are you aware of any outside interests you currently have which could result in an actual or potential conflict of interest and affect your ability to serve on the Board of Directors? (This includes activities that could diminish the ability of the board to conduct objective and unbiased decision making, affect an organizational transaction, or negatively impact the PAL).

Yes No

If you join the Board, you agree that you can provide at least 2-4 hours a month in attendance to Board and Committee meetings.

Your signature: _____ Date: _____

If you are not selected as a member of the Board, or if you decide not to join, would you like to be a volunteer to assist our organization in various ways that match your skills and interests?

Yes

No

Perhaps

BACKGROUND INFORMATION & INDEMNITY HOLD HARMLESS RELEASE WAIVER

In connection with my application for volunteering/doing business with the CITY OF HOLLYWOOD, I understand a background investigation, including a criminal history or lack thereof, in accordance with the Fair Credit Reporting Act and all State and Federal laws, is to be conducted, and may include information about my personal character, abilities, work habits, mode of living, residency, immigration status, general reputation, performance, experience and other qualities pertinent towards determining my qualifications for volunteering/doing business with the City of Hollywood.

I understand that during this background investigation, the CITY OF HOLLYWOOD may make inquiries and request information including but not limited to my criminal history, employment history, driving history, military history, education, professional licensing, including information of a confidential or privileged nature.

I hereby authorize, without reservation, any party (including, but not limited to, past and present employers, Law Enforcement agencies, state agencies, institutions and private information bureaus or repositories) contacted by the CITY OF HOLLYWOOD, to furnish any or all of the above mentioned information. In addition, I hereby release the CITY OF HOLLYWOOD, and its agents or representatives, from any and all liability for damages arising from this background investigation and the disclosure of the requested information. I further release and discharge from all liability, any companies, agencies, officials, officers, employees, and other persons, who, in good faith, provides to the CITY OF HOLLYWOOD any of the above mentioned requested information obtained during the course of the background investigation.

I understand that my Social Security Number is requested for the purpose of volunteer eligibility verification, ability to do business with the City of Hollywood, applicant and volunteer background checks, income report, and will be used solely for those purposes.

I will also allow a photocopy or facsimile of this Background Information & Hold Harmless Release Waiver to be as valid as the original.

I understand that police agencies often handle sensitive or confidential information, the disclosure while could adversely affect a criminal investigation and in some instances may be a violation of law. I agree to not disclose any information obtained by me while engaged in my volunteer duties unless specifically authorized in advance by a Hollywood Police Department supervisor. I understand that my failure to comply with this paragraph will result in my removal from the volunteer program.

Except as set forth in Chapter 440, Florida Statutes, entitled "Workers' Compensation Law", I hereby indemnify and hold harmless the City of Hollywood, its officers, agents, and employees, for any injury to myself or my property while engaged in volunteer activities with the Hollywood Police Department. I agree that the City and the Hollywood Police Department will not be responsible for any activities, liability suits or damages which may occur during or as a result of my volunteer status with the Hollywood Police Department, occurring outside the scope of the responsibilities and duties assigned to me.

PRINT FULL NAME

SIGNATURE

DATE OF BIRTH

SOCIAL SECURITY NUMBER

STATE OF _____
COUNTY OF _____

The foregoing instrument was acknowledged before me this ____ day of _____, _____.
MONTH YEAR

By: _____
 Personally known by me
 Produced Identification; type of Identification produced _____

SIGNATURE OF NOTARY PUBLIC-STATE OF _____

Stamp Commissioned Name of Notary Public