

# Kingsport Police Department

## Volunteer Services Application Packet

Applicant Name

Last

First

Middle

For anyone interested in becoming a Volunteer with the Kingsport Police Department, simply print and complete **all seven pages** of this application packet and deliver it to the address below.

Kingsport Police Department  
Attention: Administrative Bureau  
200 Shelby Street  
Kingsport, TN 37660

Incomplete applications will not be processed.

### Packet Contents

(Check If Completed)

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# Kingsport Police Department Volunteer Services Application

**Personal Information**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Please list all other addresses for the last 5 years: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Numbers: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Driver License Number: \_\_\_\_\_ State \_\_\_\_\_

**Education/ Military Experience**

High School Attended: \_\_\_\_\_

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

College or Other Schools: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Certificates or Diplomas: \_\_\_\_\_

\_\_\_\_\_

Military Service\*: \_\_\_\_\_ Time Served: \_\_\_\_\_

Rank: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

*\*Please Provide Copy of DD Form 214*

**Criminal History**

Police or Court Record: [ ] Yes [ ] No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Employers: (Most Recent First)**

A. Employer: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Position: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

B. Employer: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Position: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

C. Employer: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Position: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

D. Employer: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Position: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

**Personal References:**

A. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

B. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

C. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

D. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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



# Authorization for Release of Information

I, \_\_\_\_\_, do hereby authorize a review and full disclosure of all records concerning myself to any duly authorized officer of the Kingsport 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 records of educational institutions, financial and credit institutions, including records of loans, records of commercial or retail credit agencies (including credit reports and/or ratings); and other financial statements and records wherever filed; medical and psychiatric treatment; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me; and records of law suits, 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 employment by the Kingsport Police Department.

I also certify that any persons who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said persons from any and all liability which may be incurred as a result of furnishing such information. I further release the Kingsport Police Department and the City of Kingsport from any and all liability which may be incurred as a result of collecting such information.

I have read and fully understand the contents of this authorization for release of information.

\_\_\_\_\_  
Printed Full Name of Applicant

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Maiden Name (If Applicable)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Area Code and Phone Number

\_\_\_\_\_  
Date

# Volunteer Agreement

I, \_\_\_\_\_, understand and fully agree that the Kingsport Police Department reserves the right to decline any Reserve Officer/Volunteer Services/Citizens' Academy application. I understand that the Police Department does not have to reveal the reasons for the declining of an application. Also, I understand that if accepted into the Reserve Program/Volunteer Services/Citizens' Academy that the Police Department reserves the right to terminate my participation in the program(s) at any time, for reasons determined by them.

The Kingsport Police Department is an Equal Opportunity Employer and extends this to their Reserve Program, Volunteer Services, and Citizens' Academy. No application will be turned down based on race, gender, or age; nor will any Reserve Officer/Volunteer/Citizens' Academy participant be terminated from our program based on race, gender, or age. A mental or physical disability would not exclude an applicant, as long as the applicant can pass a mental or physical exam if the Police Department deems it necessary.

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Applicant Signature

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KPD Representative

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Date

# Confidentiality Agreement

WHEREAS, the Kingsport Police Department wishes to provide volunteer opportunities to private citizens, and

WHEREAS, during the course of volunteer participation in department activity's, volunteers will have access to documents and information declared by law to be confidential, including, without limitation, criminal investigation reports, photographs, fingerprint cards, records of conviction and autopsy reports, and

WHEREAS, the City of Kingsport may become legally liable for the release of confidential documents and information, and

WHEREAS, the City of Kingsport wishes to obtain assurance that private citizens participating in the volunteer program will not release confidential information without authorization.

NOW, THEREFORE, in consideration of the Kingsport Police Department, the undersigned volunteer agrees to indemnify the City of Kingsport and its employees for any judgment or settlement if a claim based upon the unauthorized release or dissemination of confidential document or information by the undersigned.

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Applicant Signature

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KPD Representative

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Date