



UNALASKA DEPARTMENT OF PUBLIC SAFETY

Police-Fire/EMS-Corrections-Communications

<http://www.ci.unalaska.ak.us/>

PO Box 370 Unalaska, Alaska 99685

Phone (907) 581-1233 – Fax (907)581-5024

Volunteer Application Cover Letter

Thank you for your interest in becoming a volunteer member with the Unalaska Department of Public Safety (UDPS)

Enclosed in this packet are the necessary forms to begin this rewarding endeavor.

Please complete all the forms in this packet and review the check list to ensure everything that is required is included. Return the completed packet to the UDPS dispatch center (we are open 24 hours a day). After the completed packet has been reviewed, you will be contacted about arranging a time to have a physical examination performed at UDPS's expense.

- Signed City of Unalaska Employment Application
- Background Check/Authorization to Release Information - Signed and Notarized (Can be done at UDPS dispatch)
- UDPS Background Questionnaire - Signed and Notarized (Can be done at UDPS dispatch)

Name: _____

email: _____



CITY OF UNALASKA VOLUNTEER APPLICATION

Department of Administration PO Box 610 Unalaska, AK 99685
PH: 907-581-1252, Email: kstiles@ci.unalaska.ak.us

Applicant Information

Name (Last, First, Middle):		Under 18 years of age? Y or N If under 18 complete parent/guardian sections	
Address:		City, State, Zip:	
Cell Phone:	Home Phone:	Parent/Guardian Phone:	Email:
Social Security#:	Driver's License#:	State:	D.L. Expiration:
Previously employed by the City of Unalaska? Y or N If yes, what was your title? Include any past City volunteer positions		Have you been convicted of a felony offense by any State or Federal court? If yes, please explain Y or N A conviction will not necessarily disqualify an applicant	

Note: A background check may be required if volunteering with youth, at risk individuals, or in safety/information sensitive departments

Volunteering Preference

Department Name (separate applications are required for each department):	
Length of time you plan to volunteer: _____ Starting: _____ Ending: _____	
What days are you available to do volunteer work? (please circle) Mon. Tues. Wed. Thurs. Fri. Sat. Sun.	
What times are you available? Mornings Afternoons Evenings	
Please list any experience relevant to volunteering in this department:	

Volunteer Code of Conduct

- § As a volunteer I will perform only those assigned tasks that are within my physical capability and will not undertake any tasks that are beyond my physical capability or ability.
- § As a volunteer I will not undertake to operate or use vehicles, equipment or tools that I am unfamiliar with or have not been trained to operate properly and safely, and have not received specific authorization to use from my supervisor.
- § As a volunteer I will strictly observe all safety rules and use care in the performance of my assigned tasks.
- § As a volunteer I will treat everyone with respect, patience, integrity, courtesy, and dignity.
- § Subject to all workplace rules and regulations of the City of Unalaska.

Signature(s)

I certify that the information I have entered on this form is true and complete to the best of my knowledge, and have read and agree to the adhere to the Volunteer Code of Conduct and all policies, procedures and guidelines set forth by the City of Unalaska.

Signature of Applicant: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

By signing this application I hereby give my child permission to participate in the City of Unalaska Volunteer Program

Volunteer Waiver and Release

I, _____, on behalf of myself and my heirs, administrators, executors and assigns
(Please print name)

("Releasers"), hereby covenant and agree that Releasers will never institute and demand, claim or file suit against the City of Unalaska ("City") or any of its employees agents, attorneys, insurers or successors in interest of the City for loss, damage, death or injury to Releasers' person or property of any nature which may occur from any cause whatsoever Releasers' volunteer activities in or around any City facility or property or while riding in a City vehicle.

By signing this agreement, Releasers acknowledge that they are releasing the City of Unalaska from the rights of Releasers, their heirs, administrators, executors and assigns for death to persons or property or while riding in a City vehicle. that may be sustained as a result of their participation in the City's programs or activities.

These include any injuries resulting from the City's programs or activities which may be required to fulfill the assignment for which they are participating.

N/A for Fire/EMS

Signature of Applicant: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Photo Release

On occasion, the City of Unalaska may take photos of in its programs or in its facilities for promotional use only and may be used in future catalogs, brochures or other media formats. I am aware that these photos are for City promotional use only and may be used in future catalogs, brochures or other media formats. By signing below I authorize the use of my photo for promotional purposes. I understand that other means deemed appropriate. By signing below I authorize the use of my photo for promotional purposes. I understand that other means deemed appropriate. By signing below I authorize the use of my photo for promotional purposes. I understand that other means deemed appropriate.

N/A for Fire/EMS

Signature of Applicant: _____

Signature of Parent/Guardian: _____ Date: _____

For Administrative Use Only:

Accepted by: _____ Date: _____

Background Check:	Complete	NA
Department Paperwork:	Complete	NA
Final Approval:	Approved	Denied



UNALASKA DEPARTMENT OF PUBLIC SAFETY

Police-Fire/EMS-Corrections-Communications

<http://www.ci.unalaska.ak.us/>

PO Box 370 Unalaska, Alaska 99685

Phone (907) 581-1233 – Fax (907) 581-5024

Background Check/Authorization to Release Information

Applicant Name _____

I authorize the Unalaska Department of Public Safety, its employees, and its agents to make a full and complete inquiry of any and all individuals or entities regarding my background, whether of a public, private, or confidential nature, including copies of any and all records and/or documents which the Department deems necessary for a full and complete background investigation. I understand that the intent of this RELEASE OF INFORMATION is to allow the Department to pursue a complete investigation into my background and personal life in order to process my application for employment with the Unalaska Department of Public Safety.

I authorize and direct you to release such information and I release any individual from any and all liability or damage of any nature, which may be a result of compliance, or any attempt to comply with this authorization.

PRIVACY ACT NOTICE: (a) Purposes and Uses; Copies of this completed form will be furnished to individuals in order to obtain information regarding your background to determine your suitability to be a Volunteer Firefighter/EMT. (b) Effects of Nondisclosure; Furnishing the requested information, thereby authorizing collection of background information, is voluntary, but failure to provide all or part of the information will result in a lack of further consideration for the position.

I understand my rights under Title 5, United States Code, Section 552A, the Privacy Act of 1974, and waive those rights with the understanding that information furnished will be used by the Unalaska Department of Public Safety and retained by them in confidence unless I authorize its release.

APPLICANT _____

DATE _____

The above named individual appeared before me this date and having identified himself/herself, signed the above Waiver and Authorization to Release Information in my presence.

NOTARY PUBLIC _____

DATE _____

UNALASKA DPS PERSONAL HISTORY STATEMENT

Unalaska Department of Public Safety
PO Box 370
Unalaska, AK 99685
(907) 581-1233

GENERAL INSTRUCTIONS:

Print an answer to EVERY QUESTION. If the question does not apply to you, respond with N/A. Use the attached Supplement to Personal History Statement sheet if space available is insufficient to complete a section.
DO NOT MISREPRESENT OR OMIT a requested fact since the statements made herein are subject to verification to determine your qualifications for employment.

1. Last Name		First Name	Middle Name	2. Male	
				Female	
3. Other Name(s), Alias(es), Nickname(s)				Social Security Number	
4. Mailing Address		Street	City	State	Zip Code
Residence Address (if different from mailing)			City	State	Zip Code
5. Residence Phone		Cell Phone	Business Phone	6. Date of Birth (<i>Month, Day, Year</i>)	
		7. Place of Birth (<i>City, County, State</i>)			
8. U.S. Citizen		If Naturalized, Certificate Number	Date, Place, and Court		
Yes No					
By Birth Naturalized		10. Name of Spouse or Significant Other (<i>Last, First, Middle</i>)			
If Naturalized: Naturalization Certificate with Photo (mandatory)		Phone:			
		Address (<i>Street, City, State</i>)			
11. Military Status:				Attach copy of DD 214	
Have you served in the U.S. Armed Forces?		If YES, Branch		Serial Number	
Yes No					
Type of Discharge		Dates of Service		Rank	
		From To			
A. While in the military, were you ever a subject of a criminal investigation, issued a summons, detained or arrested or apprehended for an offense which resulted in a trial by deck court or by summary, special or general court-martial, Article 15, captain's mast or an equivalent proceeding? If yes, give date, place, law enforcing authority or type of court or court-martial, charge and action taken for each offense.					
Yes No					
B. Are you presently a member of the U.S. Reserve or National or State Guard organization? Yes No If yes, complete the following:					
Grade and Service Number		Service and Component		Active Inactive Standby	
Organization and Station or Unit and Location			Indicate Reserve Obligation if any:		

12. Education:					
A. List all high schools & colleges attended.					
Name	Address	Dates Attended	Years Completed	Graduated Yes No	
B. List vocational, technical or employer provided schools that you attended. Give for each the name and location of school, dates attended, subjects studied, certificate, and any other pertinent data.					
13. Special Qualifications:					
A. Have you ever applied for certification / licensure or been certified / licensed as an EMT, Paramedic or other medical provider?					
B. Yes No If yes, list name and location of certification authority, date of issue, and date current certification expires (<i>if applicable</i>)					
C. Have you ever had any medical license or certification revoked or suspended?					
D. Yes No If yes, state name of revoking or suspending authority, date of revocation or suspension and reason for revocation or suspension					
14. Vehicle Operator's License (<i>Drivers, Commercial Drivers License, etc.</i>): Give the following information concerning any vehicle operator's license you have held or currently hold, beginning with your present license.					
Type of License and Number	Place of Issue	Date of Expiration	Restrictions		
B. Have you ever been denied issuance of a license or have you ever had a license or privilege to drive cancelled, suspended or revoked?					
C. Yes No If yes, explain fully:					
D. Have you ever had automobile insurance cancelled, withdrawn or revoked or have you ever been refused automobile insurance?					
E. Yes No If yes, give details, including reasons, names of companies, dates, etc.:					
F. Give name and address of the insurance company with whom you now have automobile insurance:				Policy coverage:	

15. Have you ever been terminated, fired, discharged, asked to resign, furloughed, put on inactive status for cause, or subjected to disciplinary action while in any position? If yes, state circumstances. <div style="text-align: right;">Yes No</div>					
16. Have you ever resigned (<i>quit</i>) after being informed your employer intended to fire, discharge or terminate you for any reason? Yes No If yes, explain giving name and address of employer, approximate date, and reasons in each case.					
17. Arrest, Detention, and Litigation: (<i>Show all arrests including traffic, except parking</i>).					
If the answer to any of these questions is YES, list the date, place, and full details of each incident on Supplement to Personal History Statement.					
A. Were you ever a subject of a criminal investigation, issued a summons, detained or arrested by a law enforcement agency? Yes No					
B. Have you ever been convicted of a crime? <div style="text-align: right;">Yes No</div>					
C. Have you ever been fingerprinted for any reason (<i>arrest, job applicant, etc.</i>)? <div style="text-align: right;">Yes No</div>					
D. Have you ever been convicted of a misdemeanor crime related to domestic violence? <div style="text-align: right;">Yes No</div> <p>A misdemeanor crime of domestic violence means an offense that:</p> <ol style="list-style-type: none"> 1) is a misdemeanor or felony under Federal or State law; and 2) has, as an element, the use or attempted use of physical force, or the threatened use of a deadly weapon, committed by a former spouse, parent, or guardian of the victim, by a person with whom the victim shares a child in common, by a person who is cohabiting with the victim as a spouse, parent, or a guardian, or by a person similarly situated to a spouse, parent, or guardian of the victim. 					
E. Are you currently on work release, probation, or parole? <div style="text-align: right;">Yes No</div>					
F. List all traffic citations ever received (<i>except parking</i>) including the date, place and full details of each incident.					
18. Illicit Drug Use: (Illicit Drug Use is not necessarily a disqualifier – providing false information is).					
Do you now use, or have you ever used, illicit (<i>illegal</i>) drugs, including marijuana? Yes No If yes, complete the following:					
Name of Drug				Date of last use	
19. Insurance:					
Were you ever rejected as an applicant for any insurance? Yes No If yes, explain below.					
Reason Rejected		By Whom (<i>Name and Address</i>)			Date
20. Residences: List all residences for the past 10 years, beginning with your present address.					
Month and Year		Address	City	State or County	Landlord and Phone No.
From	To				

[illegible]

Supplement to Personal History Statement

Applicant Name: _____ Social Security Number _____

Section Number	Additional Information