



City of Omaha  
Mike Fahey, Mayor



Omaha Police Department  
"To Serve and Protect"  
505 South 15th Street  
Omaha, Nebraska 68102-2769  
(402) 444-5600  
fax (402) 444-4225  
www.opd.ci.omaha.ne.us

Dear Prospective Volunteer:

Thank you for your interest in the Omaha Police Department's Citizens in Omaha Police Service (C.O.P.S.) volunteer program. I have enclosed a C.O.P.S. flyer and the volunteer opportunities currently available with the Omaha Police Department to help you determine if our program meets your goals as a potential volunteer. If upon reading the enclosed informational material you still desire to volunteer with the Omaha Police Department, please take a few minutes to complete the application packet and return it in the enclosed envelope. I will be in touch with you to further discuss your options once your application has been returned and processed. The application packet consists of the following:

1. **Volunteer Application** – provides background information on the applicant
2. **Volunteer/Intern Agreement** – lists the specific rules and regulations governing a volunteer of the Omaha Police Department. Requires the signature of the applicant.
3. **Volunteer/Intern Statement of Confidentiality and Waiver Form** – addresses specific topics a volunteer agrees to uphold. Requires the signature of the applicant.
4. **Emergency Data Sheet** – provides contact information in the event of an emergency
5. **Application for OPD Security Pass** – requires information to request a security pass and building access chip (complete highlighted portions).
6. **Two Release Forms** – authorizes the Omaha Police Department to conduct a criminal background check and to contact your employers. Please complete the highlighted portions in front of a notary public that will witness your signature. You may contact me if you would like to use a notary from the Omaha Police Department. **Unless these forms are signed and notarized, your application cannot be processed.**

Please note that a reference check and a criminal history background check is conducted on all applicants, as well as a personal interview with the Coordinator of Volunteers and/or supervisor of the potential unit you may be assigned. Please do not hesitate to contact me at 444-3598 should you have any questions regarding the Omaha Police Department's volunteer program or the information provided.

Once again, I'd like to thank you for your interest and I look forward to discussing how the Omaha Police Department may utilize your services as a volunteer.

Sincerely,

Maria Zellmer  
Coordinator of Volunteers & Interns



# OMAHA POLICE DEPARTMENT



## Volunteer Application

Today's Date \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Maiden / Other Names \_\_\_\_\_

Current Residence Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Cell phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

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

Social Security No. \_\_\_\_\_ Driver's License No. / State

US Citizenship \_\_\_Yes \_\_\_No. If No, Citizen of which country \_\_\_\_\_ US Visa Classification \_\_\_\_\_

List all the addresses where you have lived in the past five (5) years, beginning with your present address and list previous ones. Attached additional sheets if necessary.

Address, City, State, Zip Code	Date From		Date To	
	Month	Year	Month	Year

Address, City, State, Zip Code	Date From		Date To	
	Month	Year	Month	Year

Address, City, State, Zip Code	Date From		Date To	
	Month	Year	Month	Year

### SKILLS / EDUCATION

What skills/education do you possess? \_\_\_\_\_

\_\_\_\_\_

Do you speak or read a foreign language? \_\_\_\_\_ Which one(s)? \_\_\_\_\_

**CRIMINAL HISTORY**

Have you been convicted of a felony or misdemeanor crime?    Yes ( )    No ( )    If yes, explain on page 4.

**EMPLOYMENT HISTORY**

List all employment you have had over the past ten (10) years, beginning with the most recent. Include military, full and part-time employment and all periods of employment. Attach additional sheets if necessary.

Business Name			
Address, City, State, Zip Code			Phone
From: Month	Year	Position Held	Supervisor
To: Month	Year	Duties	Co-Worker
Reason For Leaving Employment (Explain)			
Fired	Quit	Laid-Off	Asked to leave      Retired      [Circle One]

Business Name			
Address, City, State, Zip Code			Phone
From: Month	Year	Position Held	Supervisor
To: Month	Year	Duties	Co-Worker
Reason For Leaving Employment (Explain)			
Fired	Quit	Laid-Off	Asked to leave      Retired      [Circle One]

Business Name			
Address, City, State, Zip Code			Phone
From: Month	Year	Position Held	Supervisor
To: Month	Year	Duties	Co-Worker
Reason For Leaving Employment (Explain)			
Fired	Quit	Laid-Off	Asked to leave      Retired      [Circle One]

## PERSONAL REFERENCES

List only persons you have known for at least six (6) months. Do not list relatives, current or former employers, teachers or physicians.

Name: Last/First/Middle	Home Address, City, State, Zip Code	Home Telephone
Business Name	Business Address, City, State, Zip Code	Business Telephone
Email Address:		

Name: Last/First/Middle	Home Address, City, State, Zip Code	Home Telephone
Business Name	Business Address, City, State, Zip Code	Business Telephone
Email Address:		

Name: Last/First/Middle	Home Address, City, State, Zip Code	Home Telephone
Business Name	Business Address, City, State, Zip Code	Business Telephone
Email Address:		

### Additional Questions:

Have you ever been convicted of any type of crime involving domestic violence? Yes ( ) No ( )

Have you ever committed an act of domestic violence? Yes ( ) No ( ) If yes explain on page 4.

Have you ever been involved in a child abuse or child neglect investigation of any kind?  
Yes ( ) No ( ) If yes explain on page 4.

Have you ever had a Protection Order sworn out against you? Yes ( ) No ( ). Explain on page 4.

Have you ever sworn out a Protection Order on any one else? Yes ( ) No ( ) Explain on page 4.

Have you ever been a victim of a domestic disturbance? Yes ( ) No ( ) If yes explain on page 4.

Have you used marijuana, illegal drugs, or abused prescription drugs? Yes \_\_\_\_ No \_\_\_\_  
If yes, name the substance, the frequency of use, and period of uses on page 4

Have you ever bought, sold, distributed, manufactured or abused illegal drugs? Yes \_\_\_\_ No \_\_\_\_  
If yes, name the substance, the frequency of use, and period of uses on page 4

Since the age of sixteen, have you ever taken money or property from an employer or stolen money or property from someone else? Yes \_\_\_\_ No \_\_\_\_  
If yes, explain the circumstances, item or amount, and when on page 4.

How were you referred to the Omaha Police Department Volunteer Program? \_\_\_\_\_

Have you ever been employed or volunteered with the City of Omaha? Yes ( ) No ( ) . If yes, which Department and when? \_\_\_\_\_

Have you or are you currently receiving treatment/counseling for psychiatric problems? Yes ( ) No ( )  
If yes, list when, where, and why. \_\_\_\_\_

**CERTIFICATION STATEMENT**

I certify that all of the above questions have been answered to the best of my knowledge, and I understand that any false answers, omissions, or deceptions may be the basis for my rejection or termination from volunteering. **I understand before being accepted into this program a criminal history check, personal history check, reference check and personal interview will be conducted.**

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

**When Using This Additional Space Page Note The Specific Section**

**OFFICIAL USE ONLY**

Date Started \_\_\_\_\_ Date Ended \_\_\_\_\_



# OMAHA POLICE DEPARTMENT

## VOLUNTEER/INTERN AGREEMENT



I, \_\_\_\_\_, request to serve as a Volunteer/Intern with the Omaha Police Department.

As a Volunteer/Intern, I agree to:

- Perform the tasks outlined in my task description to the best of my ability.
- Attend any training offered that will enhance my performance within the Department.
- Report to work on time when scheduled, and to call my supervisor if I am unable to report.
- Comply with and follow the same rules and policies as required of all Omaha Police Department employees.
- Refrain from using my Volunteer/Intern position to attempt to influence anyone in any manner.
- Strive to help the Department obtain its goals and objectives.
- Notify my supervisor and the Coordinator of Volunteers upon terminating my involvement with the program, and participate in an exit interview/evaluation. I will relinquish to the Coordinator of Volunteers any and all items or equipment issued to me including, but not limited to, an identification pass, identification chip, parking permit, ticket book and camera at the time of voluntary or involuntary termination.
- Notify the supervisor or Coordinator of Volunteers of any arrest or citation for any traffic, misdemeanor or felony charge.
- I am aware that my Volunteer/Intern status may be terminated at any time for failing to follow the rules, procedures, and terms of this agreement.

I have read and understand all the conditions of this agreement.

Volunteer's/Intern's Signature \_\_\_\_\_ Date \_\_\_\_\_

Coordinator of Volunteers \_\_\_\_\_ Date \_\_\_\_\_



## OMAHA POLICE DEPARTMENT



### VOLUNTEER/INTERN STATEMENT OF CONFIDENTIALITY AND WAIVER FORM

I understand that any material omissions and/or false information I record on the application will be sufficient reason for rejection of this application or termination of my Volunteer/Intern status. In addition, I authorize and request former employers, schools, individual agencies, organizations or law enforcement agencies to answer any and all questions that may be asked and do here withhold such persons harmless for giving any information within their knowledge or record.

As a condition of acceptance as a Volunteer/Intern, I agree to submit documents relating to my identity and employment authorization within prescribed time limits in accordance with the Immigration Reform and Control Act of 1986.

I understand that I do not have the right to continue my status or utilize appeal rights as a Volunteer/Intern if terminated. Also, I understand that I am not an employee of the City of Omaha or any department thereof, and am not eligible for any remuneration or benefits of any kind or nature.

I understand and agree that in the performance of my duties as a Volunteer/Intern with the Omaha Police Department, I will hold all names and information regarding the Department in the strictest confidence. Further, I understand that intentional or involuntary disclosure of confidential information to unauthorized sources may result in my termination as a Volunteer/Intern.

I further agree to release the City of Omaha, Nebraska, its departments, and employees from accountability for any accident, injury, or other liability incurred or suffered by me while carrying out the duties of a Volunteer/Intern.

Volunteer/Intern Signature \_\_\_\_\_ Date \_\_\_\_\_

Coordinator of Volunteers \_\_\_\_\_ Date \_\_\_\_\_



# Omaha Police Department EMPLOYEE EMERGENCY DATA SHEET



Date \_\_\_\_\_ Name \_\_\_\_\_  
(Last/First/MI)

Job Classification Volunteer/Student Intern Serial No. NA DOB \_\_\_\_\_

Res. Address \_\_\_\_\_ Res. Telephone No. \_\_\_\_\_

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

## PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

### Primary Contact

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Res. Address \_\_\_\_\_ Telephone No. \_\_\_\_\_

Bus. Address \_\_\_\_\_ Telephone No. \_\_\_\_\_

Cellular No. \_\_\_\_\_ Pager No. \_\_\_\_\_ Other \_\_\_\_\_

### Secondary Contact

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Res. Address \_\_\_\_\_ Telephone No. \_\_\_\_\_

Bus. Address \_\_\_\_\_ Telephone No. \_\_\_\_\_

Cellular No. \_\_\_\_\_ Pager No. \_\_\_\_\_ Other \_\_\_\_\_

## YOUR PHYSICIAN INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Phone Numbers: Business \_\_\_\_\_ Residence \_\_\_\_\_ Emergency \_\_\_\_\_

Are you Allergic to any Drugs?  No  Yes (specify) \_\_\_\_\_

ANY ADDITIONAL INFORMATION YOU WISH TO SUPPLY SO EMERGENCY CARE CAN BE OBTAINED FOR YOU QUICKLY, IF NEEDED, PLEASE MAKE NOTATION IN THIS SPACE



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- Attend any training offered that will enhance my performance within the Department.
- Report to work on time when scheduled, and to call my supervisor if I am unable to report.
- Comply with and follow the same rules and policies as required of all Omaha Police Department employees.
- Refrain from using my Volunteer/Intern position to attempt to influence anyone in any manner.
- Strive to help the Department obtain its goals and objectives.
- Notify my supervisor and the Coordinator of Volunteers upon terminating my involvement with the program, and participate in an exit interview/evaluation. I will relinquish to the Coordinator of Volunteers any and all items or equipment issued to me including, but not limited to, an identification pass, identification chip, parking permit, ticket book and camera at the time of voluntary or involuntary termination.
- Notify the supervisor or Coordinator of Volunteers of any arrest or citation for any traffic, misdemeanor or felony charge.
- I am aware that my Volunteer/Intern status may be terminated at any time for failing to follow the rules, procedures, and terms of this agreement.

I have read and understand all the conditions of this agreement.

Volunteer's/Intern's Signature \_\_\_\_\_ Date \_\_\_\_\_

Coordinator of Volunteers \_\_\_\_\_ Date \_\_\_\_\_



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I further agree to release the City of Omaha, Nebraska, its departments, and employees from accountability for any accident, injury, or other liability incurred or suffered by me while carrying out the duties of a Volunteer/Intern.

Volunteer/Intern Signature \_\_\_\_\_ Date \_\_\_\_\_

Coordinator of Volunteers \_\_\_\_\_ Date \_\_\_\_\_



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Mike Fahey, Mayor



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**Must be witnessed by a public notary. Photocopy same as original.**

Notwithstanding any rights I may otherwise have concerning release of such information, I request and authorize you to release all information concerning **my employment application and/or employment records** with you, to Eric Buske, Chief of Police, Omaha, Nebraska, or his representative.

This request is related to an investigation to determine my suitability for employment with the City of Omaha.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
SSN

\_\_\_\_\_  
Address

\_\_\_\_\_  
City / State / Zip Code

State of Nebraska  
County of Douglas,

Subscribed and affirmed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Witness my Hand and Notarial Seal .

\_\_\_\_\_  
Notary Public



City of Omaha  
Mike Fahey, Mayor



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**Must be witnessed by a Public Notary. Photocopy same as original.**

Dear Sir or Madam:

The Omaha Police Department is presently conducting a pre-employment background investigation of \_\_\_\_\_, DOB \_\_\_\_\_,

who has applied for a position with the City of Omaha. We ask your cooperation in furnishing this Department with any information showing **criminal, traffic tickets, arrests and/or convictions** involving this applicant. The indication of a clear record while residing in your jurisdiction is likewise requested.

Names of associates, addresses and the general reputation of the candidate in your community and any similar information, which would help the Department evaluate the character of the applicant, would be greatly appreciated.

Notwithstanding any rights I may otherwise have concerning release of such information, I request and authorize you to release any and all of the above-requested information to Eric Buske, Chief of Police, Omaha Police Department, Omaha, Nebraska, or his representative.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City / State / Zip Code

State of Nebraska  
County of Douglas,

Subscribed and affirmed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

Witness my Hand and Notarial Seal.

\_\_\_\_\_



# OMAHA POLICE DEPARTMENT

## OMAHA, NEBRASKA

### "To Serve and Protect"



### Application for OPD Security Pass

Name of Applicant (First, MI, Last)		Title		
Applicant's Address (Street, City, State, Zip)				
Applicant's Date of Birth	Race/Ethnicity	Sex	Height	Eye Color
Representative of (Agency, Department or Company)			Business Telephone No.	
Business Address (Street, City, State, Zip)				
Supervisor's Name			Supervisor's Telephone No.	
Type of Security Pass Requested			Criminal History Check Requested	
<input type="checkbox"/> OPD Form 122A; Outside Agency Security Pass (Escort Not Required)			<input type="checkbox"/> Yes	
<input type="checkbox"/> OPD Form 122B; Volunteer & Intern Security Pass (Escort Not Required)			<input type="checkbox"/> No	
<input type="checkbox"/> OPD Form 122F, News Media Security Pass (Escort Required)				
Applicant's Signature			Date	
OPD Unit Supervisor Submitting Request			Date	
Application Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	By (Signature, Serial Number and Unit Designation)			
Comments				

Security Pass Received <input type="checkbox"/> Yes <input type="checkbox"/> No	Date	Signature
Date Security Pass Expires		

Building Access Chip Issued <input type="checkbox"/> Yes <input type="checkbox"/> No	Date	Signature
Garage Door Opener Issued <input type="checkbox"/> Yes <input type="checkbox"/> No	Date	Signature