



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 Chaplain:

Thank you for your interest in serving with the Omaha Police Chaplain Corps. Sponsored by the Omaha Police Department the Chaplain Corps is a volunteer service consisting of vowed men and women who assist victims, officers and families of victims and officers. The Corps' primary responsibilities are individual counseling, general assistance, crisis response, non-emergency transportation, response to suicide and suicide attempt, and death notification. This service also gives you the opportunity to increase your ministering outside your church and to join with the Omaha Police to help with issues facing both the police and the community.

The time commitment depends totally on your schedule, as the duty is predetermined at an every other month meeting. The Volunteer Chaplain commits one 24-hour day a month to be on-call. Vehicle pager and training is all provided and accommodates busy schedules. I am enclosing an application packet that includes:

1. **Chaplain Corps Volunteer Application** – provides background information on the applicant.
2. **Volunteer Agreement** – lists specific rules and regulations governing a volunteer of the Omaha Police Department. Requires the signature of applicant.
3. **Volunteer Statement of Confidentiality and Waiver Form** – addresses specific topics a volunteer agrees to uphold. Requires the signature of 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 who will witness your signature. You may contact me to use a notary from the Omaha Police Department. **Unless these forms are signed and notarized, your application cannot be processed.**

Note that a reference check and a criminal history background check is conducted on all applicants, as well as a personal interview.

You may return the completed materials in the accompanying envelope. If you have further questions about the Corps, please me at 444-3598.

Thank you for considering this opportunity that will significantly assist the citizens you directly serve and enhance your ministry.

Sincerely,

Maria Zellmer

Maria Zellmer
Coordinator of Volunteers & Interns



OMAHA POLICE DEPARTMENT
Chaplain Corps
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 addresses. 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

CRIMINAL HISTORY

Have you been convicted of a felony or misdemeanor crime? Yes () No () If yes, explain _____

SKILLS / EDUCATION

Church Affiliation _____

(Use back or Additional Page for Supplementary Space)

Ordination Date _____ Religious Order Membership _____

Education _____

(Use Back or Additional Page for Supplementary Space)

Additional Training and/or counseling Experience _____

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

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]
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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)											
<table style="width: 100%; border: none;"> <tr> <td style="width: 15%;">Fired</td> <td style="width: 15%;">Quit</td> <td style="width: 15%;">Laid-Off</td> <td style="width: 15%;">Asked to leave</td> <td style="width: 15%;">Retired</td> <td style="width: 20%; text-align: right;">[Circle One]</td> </tr> </table>						Fired	Quit	Laid-Off	Asked to leave	Retired	[Circle One]
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:

<p>Have you ever been convicted of any type of crime involving domestic violence? Yes () No ()</p> <p>Have you ever committed an act of domestic violence? Yes () No () If yes explain on page 4.</p> <p>Have you ever been involved in a child abuse or child neglect investigation of any kind? Yes () No () If yes explain on page 4.</p> <p>Have you ever had a Protection Order sworn out against you? Yes () No (). Explain on page 4.</p>
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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



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

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



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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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.
