

VIPS

[ ] Citizens Academy  
 [ ] Other:

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This records check will not be verified by fingerprints and will be valid as of \_\_\_\_/\_\_\_\_/\_\_\_\_.

# Brigham City Corporation

## Volunteer Application & Waiver of Liability for Criminal History Record Review

You must appear in person and sign this application and waiver of liability in the presence of a Brigham City Police Department employee and show valid picture I.D.

You must complete this form before enrollment consideration can be given. *(Please type or print legibly.)*

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Last Name First Name Middle Name

PREVIOUSLY USED NAME(S) (e.g., maiden, etc): \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
 Street / PO Box Number City State Zip

HOME PHONE: (\_\_\_\_) \_\_\_\_\_ CELL PHONE: (\_\_\_\_) \_\_\_\_\_

E-Mail: \_\_\_\_\_

SOCIAL SECURITY: \_\_\_\_\_ SEX: [ ] F [ ] M

DRIVER LICENSE #: \_\_\_\_\_ STATE: \_\_\_\_\_ EXP: \_\_\_\_\_

Do you have any special needs or physical limitations which would affect your ability to participate in this program: [ ] Y [ ] N If yes, please describe: \_\_\_\_\_

In case of an emergency, whom shall we notify:

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**NOTE:** *This is not an actual Police Academy. It is intended to educate individuals on how police officers are trained and what they encounter on a daily basis.*

### AUTHORIZATION FOR CRIMINAL HISTORY REVIEW:

By signing this form, I authorize Brigham City Corporation to access and review any criminal history that may exist and make reasonable efforts to determine whether I have been convicted of, or are under pending indictment for a crime that bears upon my fitness to be employed or volunteer for a position of trust over children, vulnerable adults or persons with disabilities. I understand that any information discovered will not be disseminated beyond those charged by Brigham City Corporation to review said information, namely the Chief of Police, City Human Resource Manager, City Attorney and the department director. All information provided on this form is true and accurate.

I hereby release Brigham City Corporation, its officers, employees, agents, officials and volunteers from any and all liability that may result in requesting and receiving said information.

**I hereby make application to review my Utah Computerized Criminal History.**

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**BCPD OFFICE USE ONLY**

Received by: \_\_\_\_\_ Date: \_\_\_\_\_ Record retrieved by: \_\_\_\_\_ Date: \_\_\_\_\_

CHECKS: [ ] Signature [ ] RSO [ ] I.D. [ ] SWW [ ] DL Valid Criminal History: YES or NO *(If yes, see attached)*