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 predeterminded 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 the specific rules and regulations governing a volunteer of the Omaha Police Department. Requires the signature of the applicant.
3. Volunteer 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 –Criminal background and Employee background. 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.
7. Ride Along Request Form
8. Ride Along Release Form
9. Copy of Driver’s license

Note that a reference check and a criminal history background check are 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,

Coordinator of Volunteers & Interns

“To Serve and Protect” • An Internationally Accredited Law Enforcement Agency
Today’s Date __________________________

Name ________________________________

Last  First  Middle

Maiden / Other Names ________________________________

Current Residence Phone ___________________________  Business Phone ___________________________

Cell phone ___________________________  E-mail Address ___________________________

Date of Birth ___________________________  State of Birth ___________________________

Social Security ___________________________  Driver 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.

<table>
<thead>
<tr>
<th>Address, City, State, Zip Code</th>
<th>Date From</th>
<th>Date To</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Month</td>
<td>Year</td>
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<td>Month</td>
<td>Year</td>
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</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Business Name</th>
<th>Address, City, State, Zip Code</th>
<th>Phone</th>
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<tbody>
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<thead>
<tr>
<th>From: Month</th>
<th>Year</th>
<th>Position Held</th>
<th>Supervisor</th>
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<tbody>
<tr>
<td>To: Month</td>
<td>Year</td>
<td>Duties</td>
<td>Co-Worker</td>
</tr>
</tbody>
</table>

Reason For Leaving Employment (Explain)

Fired  Quit  Laid-Off  Asked to leave  Retired  [Circle One]

<table>
<thead>
<tr>
<th>Business Name</th>
<th>Address, City, State, Zip Code</th>
<th>Phone</th>
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<tbody>
<tr>
<td>To: Month</td>
<td>Year</td>
<td>Duties</td>
<td>Co-Worker</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Name: Last/First/Middle</th>
<th>Home Address, City, State, Zip Code</th>
<th>Home Telephone</th>
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</thead>
<tbody>
<tr>
<td>Business Name</td>
<td>Business Address, City, State, Zip Code</td>
<td>Business Telephone</td>
</tr>
<tr>
<td>Email Address:</td>
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</tbody>
</table>

<table>
<thead>
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<th>Name: Last/First/Middle</th>
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</tr>
<tr>
<td>Email Address:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
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 ___________________ Serial No. ___________ 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

OPD FORM 72 (09/02)   “Have you updated your beneficiaries lately?”
# Application for OPD Security Pass

Name of Applicant (First, M.I., Last) | Serial Number and/or Social Security Number
---|---
Applicant’s Address (Street, City, State, Zip) | Position Title / Rank
Applicant’s Date of Birth | Race/Ethnicity | Sex | Height | Eye Color
Representative of (Agency, Department or Company)
Business Address (Street, City, State, Zip) | Business Telephone No.
Supervisor’s Name | Supervisor’s Telephone No.
Type of Security Pass Requested
- [ ] OPD Form 122A; Outside Agency Security Pass (Escort Not Required)
- [ ] OPD Form 122B; Volunteer & Intern Security Pass (Escort Not Required)
- [ ] OPD Form 122F, News Media Security Pass (Escort Required)
- Criminal History Check Requested
- [ ] Yes
- [ ] No
Applicant’s Signature | Date
OPD Unit Supervisor Submitting Request (Name / Serial Number) | Date
Application Approved
- [ ] Yes
- [ ] No
By (Signature, Serial Number and Unit Designation)
Comments

Security Pass Received
- [ ] Yes
- [ ] No
Date Security Pass Expires

Date Security Pass Returned
Returned By (Name, Serial Number)

Building Access Chip Issued
- [ ] Yes
- [ ] No
Date Access Chip Returned
Returned By (Name, Serial Number)

OPD Form 163 (04/2010)
Criminal Background Release Form
Must be witnessed by a Public Notary

Dear Sir or Madam:

The Omaha Police Department is presently conducting a background investigation of ___________________________________________, DOB__________________________, who has applied as a volunteer 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 Todd Schmaderer, Chief of Police, Omaha Police Department, Omaha, Nebraska, or his representative.

__________________________________________  ______________________  __________________________
Signature                                                   Date                                              SSN

__________________________________________  ______________________
Address                                                                                     City / State / Zip Code

County of__________, On this ______ day of________________________, 20________, before me, a Notary Public in and for said County personally came to the above named __________________________________________________________, personally known to me to be the person whose name is affixed to the above instrument, and who has acknowledged said instrument to be a voluntary act and deed.

Witness my Hand and Notarial Seal the date last aforesaid.

__________________________________________  Notary Public

My commission expires on the ____________________ day of ______________________, 20________.

Photocopy same as original.

“To Serve and Protect” • An Internationally Accredited Law Enforcement Agency
Employee Background Release Form
Must be witnessed by a Public Notary

Dear Sir or Madam:

The Omaha Police Department is presently conducting a background investigation of
______________________________, DOB________________, who has applied as a volunteer with the
City of Omaha.

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 Todd Schmaderer, Chief of Police, Omaha Police Department,
Omaha, Nebraska, or his representative.

Signature __________________________ Date _______________ SSN ____________

Address ______________________________ City / State / Zip Code ____________

County of ____________, On this __________ day of ____________, 20 ___, before me, a Notary Public in and for said County
personally came to the above named __________________________________________personally known to
me to be the person whose name is affixed to the above instrument, and who has acknowledged said instrument to be a
voluntary act and deed.

Witness my Hand and Notarial Seal the date last aforesaid.

________________________________________ Notary Public

My commission expires on the ____________ day of ____________, 20 ___.

Photocopy same as original.
Omaha Police Department
Ride-Along Request Form

OPD Ride-Along Policy:

Ride-Alongs will be scheduled Monday through Thursday between 1800 and 2100 hours (6:00 p.m. – 9:00 p.m.). Ride-Along participants must be at least nineteen (19) years of age or older and will be subject to a background check. * Ride-along participants must not carry any weapons, whether or not the participant possesses a permit to carry concealed weapons. ** Ride-Along waivers and denials will be kept on file.

Name: ____________________________ ____________________________ ____________________________
Last Name Middle Initial First Name

Nicknames/Aliases/Maiden Names: ____________________________

Address: ____________________________ ____________________________ ____________________________
Street Address City, State Zip

Home Phone: ( ) - ___________ Cell Phone: ( ) - ___________

Email: ____________________________

Social Security Number: - - - Birth Date: / / (MM/DD/YYYY)

Dates Preferred for Ride-Along:
NOTE: Requested dates must be at least 2 weeks from the date of OPD’s receipt of this form.

School/Agency Name (If Applicable): ____________________________

Supervisor/Advisor Name (If Applicable): ____________________________ Phone: ( ) - ___________

*The following list of criteria will disqualify a participant unless otherwise approved by the Omaha Police Department Chief of Police or an OPD Deputy Chief: Any felony conviction; Board of Mental Health Committals; Conviction for Resisting Arrest within the last ten years; Conviction for Assault on a Peace Officer; Two or more convictions of Assault within the past five years; Two or more convictions of DUI within the past five years; Conviction for CCW within the past five years; Currently under Court Jurisdiction; Any pending charge for a Class I Misdemeanor or above; Conviction of any Sex Offense; Any documented gang affiliations; Any criminal record judged to be detrimental to the goals and objectives of the OPD. **This normally does not apply to sworn law enforcement officers participating in a Ride-Along.

<table>
<thead>
<tr>
<th>OPD Office Use Only:</th>
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<tbody>
<tr>
<td>Precinct Location</td>
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<tr>
<td>Confirmed By</td>
</tr>
<tr>
<td>Contact Officer and Phone</td>
</tr>
<tr>
<td>Background Cleared</td>
</tr>
<tr>
<td>Yes □ No □</td>
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</tbody>
</table>

OPD Form 112J (06-2018)
OMAHA POLICE DEPARTMENT
RIDE-ALONG RELEASE, INDEMNITY AGREEMENT
AND COVENANT NOT TO SU

I certify that the below information is correct and acknowledge by my signature below that I agree to the following:

I desire to obtain information relative to the operation of the Omaha Police Department by being a Participant in an Omaha Police Department vehicle as a part of the City of Omaha Police Department's "Ride-Along Program." I fully understand that by participating in this Program, I may be exposed to conditions and situations of a hazardous nature.

For the sole consideration of being permitted to participate in the "Ride-Along Program" the sufficiency of this consideration being hereby acknowledged, I do hereby covenant and undertake with my heirs, guardians, executors and administrators, to forever refrain and desist from instituting or asserting against the City of Omaha (Omaha Police Department), its authorized agents, representatives, or personnel, any claim, demand, action or suit of whatever kind or nature, either directly, or indirectly, for injuries or damages to person or property which may result from participation in the "Ride-Along Program."

It is understood and agreed that as against the City of Omaha (Omaha Police Department) and its authorized agents, representatives, or personnel, this agreement may be pled as a counterclaim or as a defense in bar or abatement to any action of any kind whatsoever brought, instituted, or taken by or on behalf of myself on account of any alleged claim or claims against the City of Omaha (Omaha Police Department) or its authorized agents, representatives, or personnel.

I do hereby expressly stipulate and agree to indemnify and hold harmless the City of Omaha (Omaha Police Department) and its authorized agents, representatives, or personnel against any loss, including costs and fees on account of any action which may be brought against them by me or any person in my behalf for the purpose of enforcing any claim for damages arising out of participation in the "Ride-Along Program."

I further expressly understand and agree that I will: (1) Abide by the orders of the police officers whom I accompany; (2) Refrain from interfering with the police officers while in the pursuance of their official duties as police officers; (3)* Refrain from participating with the police officers while in the pursuance of their official duties as police officers; (4)* Refrain from carrying weapons, concealed or not, whether or not I possess a permit to carry concealed weapons. (*Does not apply to sworn law enforcement officers participating in a Ride-Along).

I further agree to protect and save harmless the City of Omaha, (Omaha Police Department, its agents, representatives, or personnel from any loss, damage, or expense on account of claims, liabilities, damages or injuries which may be sustained by any person or property arising directly or indirectly from any of my actions.

I HAVE CAREFULLY READ THE ABOVE AGREEMENT AND FULLY UNDERSTAND ITS PROVISIONS.

<table>
<thead>
<tr>
<th>To be completed by all Participants.</th>
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<tbody>
<tr>
<td>Participant Printed Name</td>
</tr>
<tr>
<td>Participant Signature</td>
</tr>
<tr>
<td>Participant Address</td>
</tr>
<tr>
<td>Participant City/State/Zip</td>
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<tr>
<td>Participant Telephone</td>
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<tr>
<td>Participant Email</td>
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<tr>
<td>Participant DOB (Mo/Day/Year)</td>
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<tr>
<td>Witness Signature</td>
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<tr>
<td>Address/City/State/Zip</td>
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<tr>
<td>Date (Mo/Day/Year)</td>
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<tr>
<td>Officer Signature/Serial Number</td>
</tr>
<tr>
<td>Approved By (Commanding Officer/Serial Number)</td>
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<tr>
<td>Date (Mo/Day/Year)</td>
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</tbody>
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OPD Form 40 (06-2018)