



HUMAN RESOURCES DEPARTMENT  
 2101 O'Neil Avenue, Room 103  
 Cheyenne, WY 82001  
 (307) 637-6340

**VOLUNTEER INFORMATION**

Location: \_\_\_\_\_

Full Legal Name: \_\_\_\_\_ Nickname \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_

Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female

**Ethnicity:**

Hispanic	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More

**Marital Status:**

Single	Married	Divorced	Widowed	Separated

Languages you speak: \_\_\_\_\_

**Emergency Contacts:**

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

Phone Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date





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**POLICY STATEMENT**

The City of Cheyenne requires all new volunteers to undergo a criminal background check, which includes fingerprinting. Offers for volunteers are contingent upon the result of these investigations. Volunteers may be terminated immediately if the results indicate that the volunteer presents a risk to the public or other volunteers and/or employees.

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Applicant Name (please print)	Applicant Signature	Date
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**AUTHORIZATION TO DISCLOSE AND RELEASE JUVENILE RECORDS  
 PURSUANT TO WYO. STAT 14-6-203(g)**

*Instructions: Applicant must fill out the blanks in the first line and sign below. Completion of this form is voluntary.*

I, \_\_\_\_\_, DOB \_\_\_\_\_ (the "Applicant"), pursuant to WYO. STAT. 14-6-203(g), hereby authorize the disclosure of any and all information, reports or records made, received or kept by the Cheyenne Police Department evidencing any legal or administrative process or disposition resulting from the Applicant's misconduct as a minor (if any) to authorize personnel of the City of Cheyenne (the "City"), for purposes of consideration of the Applicant's application to volunteer with the City.

I hereby release the City and the Cheyenne Police Department and their employees and officers from any and all liability arising from or in connection with the disclosure of said records. I understand that I have the right to revoke this authorization, in writing, at any time. A photocopy of the signed original of this document is to be given the same force and effect as the original.

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Applicant Name (please print)	Applicant Signature	Date
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**LETTER OF UNDERSTANDING**

I am applying for a volunteer position with the City of Cheyenne. I understand that there are certain requirements I must meet before I can be accepted into this position. I understand that I must submit to a background investigation consisting of, at a minimum, the following areas of concern:

- Fingerprinting/Criminal Background Investigation
- Motor Vehicle Records Check
- Pre-Employment Drug and Alcohol screen may be required depending upon position
- Wyoming Sex Offender Registry and the National Sex Offender Listing

The Police Department and Human Resources will make a preliminary decision regarding my potential suitability for volunteering. I understand that the results of the investigation are the property of the City of Cheyenne and that I may not receive copies of the reports without filing a formal request for records with the Cheyenne Police Department and/or the Wyoming Department of Criminal Investigation. I understand that successful completion of the process does not guarantee a volunteer position with the City of Cheyenne.

I have read and understand the content and purpose of this Letter of Understanding. I agree to abide by these requirement as a condition of volunteering with the City of Cheyenne.

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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**AFFIDAVIT, CONSENT AND RELEASE**

**PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING**

I certify that all information provided in this volunteer application is true and complete. I understand that any false information or omission may disqualify me from further consideration for volunteer and may result in my dismissal if discovered at a later date. I authorize the investigation of any or all statements contained in my application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements. I understand that I may be required to successfully pass a drug screening examination and a criminal background investigation. I hereby consent to a pre-employment drug screen and a criminal background investigation, if required, as a condition of volunteer.

\_\_\_\_\_ I understand that the background records obtained by the Cheyenne  
 Initial Police Department will be shared with Human Resources.

I UNDERSTAND THAT MY APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT VOLUNTEER DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF VOLUNTEER NOR GUARANTEE VOLUNTEER FOR ANY DEFINITE PERIOD OF TIME. ONLY THE MAYOR/DESIGNEE OF THE CITY OF CHEYENNE HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF VOLUNTEER FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE MAYOR/DESIGNEE AND THE VOLUNTEER.

I am fully aware that the volunteer period for the City of Cheyenne is one (1) year and that I can be dismissed without cause throughout the specific probationary period.

I have read, understand, and by my signature consent to these statements.

\_\_\_\_\_  
 Applicant Name (please print)      Applicant Signature      Date



# Cheyenne Police Department

## Public Records Request

Government Issued Picture ID Required, WY SS 16-4-202(a)

Requestor **MUST** be person who will receive the report. See Fee Schedule for charges.

Requestor Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Reason for Request (Mandatory): \_\_\_\_\_

Item(s) Being Requested: \_\_\_\_\_

Signature: \_\_\_\_\_

If you are applying for a City of Cheyenne position, please sign below. I understand that the background records obtained by the Cheyenne Police Department will be shared with Human Resources.

Signature: \_\_\_\_\_

Records Clerk Signature: \_\_\_\_\_