



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

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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**CONDITIONAL OFFER TO VOLUNTEER/BACKGROUND INVESTIGATION
 AUTHORIZATION FORM**

I, _____, understand that I have been made a conditional offer to volunteer with the City of Cheyenne.

My ability to volunteer is **contingent upon the completion of a background investigation** consisting of, at a minimum, the following:

- Fingerprinting/Criminal Background Investigation
- Motor Vehicle Records Check
- Depending upon position, pre-employment Drug and Alcohol screen may be required.
- Wyoming Sex Offender Registry and the National Sex Offender Listing

I understand that all information found will be considered when making decisions regarding my volunteering with the City of Cheyenne.

By signing below, I am voluntarily authorizing a representative or designee of the City of Cheyenne to conduct background investigations and if required, Drug and Alcohol screenings.

Name (please print)	Signature

Date	Date of Birth	Social Security#

List place(s) of residence for past SEVEN years:

	City	State	County	# Mo/years
1.				
2.				
3.				
4.				
5.				
6.				
7.				



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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.

 Applicant Name (please print) Applicant Signature Date

**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.

 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 requirements 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: _____