

STOCKTON POLICE DEPARTMENT SENTINELS RELEASE

Name: _____
(Last) (First) (Middle)

Background Check: I authorize the Stockton Police Department to conduct a background investigation; including a check of criminal records and other information that may be of a confidential or privileged nature. The Department may also require a polygraph exam, interviews and other methods to evaluate my application. I authorize the Police Department to use a copy or facsimile of this form to be considered the same as the original for the purposes of the background investigation.

Check any that apply. I have been: (_____) Arrested (_____) Convicted of a felony
(_____) Convicted of a misdemeanor

On a separate page, provide details related to any arrest (charges, dates of arrest, and disposition)—*excluding* traffic tickets.

Release of Liability: I, the individual named above, hereby request permission to participate in the Stockton Police Department's Sentinel program. I understand that training and/or assignments may involve physical activities, which include a potential risk of personal injury and/or personal property damage; and I make this request with full knowledge of these risks. I certify that I am able to perform the assignment I am applying for, and will disclose any medical conditions which may affect my safety, the safety of others, or my ability to perform my duties. I agree to follow the rules established by my supervisor(s), and to exercise reasonable care while participating in the volunteer program. I release and hold harmless the City of Stockton, its employees, agents and volunteers for any liability arising from any claims or injuries that I may have or incur arising out of my participation in the Sentinels program.

Volunteer Status: I understand that I am a volunteer, have no property rights as such and may be released as a volunteer at any time for any reason without right of appeal. If I am released, all program identification cards and other equipment, uniforms, keys, etc. provided by the program must be surrendered immediately.

Photographs and Contact Information: I authorize the use of any photograph taken in connection with my participation in the program without prior approval or without receipt of compensation. My phone numbers, email address and/or other contact information may be entered into record-keeping and/or automatic notification systems for program management and emergency purposes.

By signing this form, I certify that I have read this release in its entirety, understand all of its terms and have had any questions regarding the release or its effect satisfactorily answered. I understand that my submission of this application, whether mailed or sent electronically via email or faxed, shall have the same force and effect as an original. I sign this release freely and voluntarily.

Signature: _____

Date: _____

RULES CONCERNING CONFIDENTIALITY FOR STOCKTON POLICE DEPARTMENT VOLUNTEERS

Serving the public provides each of us with a great responsibility. Consequently, there can be no compromise in the requirement that all volunteers follow the Rules Concerning Confidentiality set forth below and the Stockton Police Department's policies and procedures concerning the disclosure of information. Volunteers who violate these Rules or policies and procedures may be dismissed from the program and may be subject to criminal prosecution.

Unless authorized by law and approved by an appropriate supervisor,

1. Volunteers shall not disclose or allow access to information contained in or obtained from Local Summary Criminal History Information, records maintained by State Department of Justice, or material, documents and information received from the Federal Bureau of Investigation or any other agency of State or Federal government, unless such disclosure or access is authorized by law and approved by the appropriate supervisor(s).
2. Volunteers shall not use *any* information derived from Stockton Police Department sources or records for personal gain or use, except as authorized by law or Department policies and procedures.
3. Volunteers shall not permit any person to receive information connected with the operation of the Stockton Police Department without permission of the Police Chief or as otherwise provided by law or Department policies and procedures.
4. Volunteers shall not disclose to anyone the fact or the nature of any investigation, except as provided by law or Department policies and procedures.
5. Volunteers shall not give any unauthorized person any information concerning the location of records, weapons, ammunition, the number of officers on duty, shift assignment or patrol beat areas.
6. Penal Code Section 13303, relating to State Summary Criminal History Information, provides as follows:
Any person authorized by law to receive a record, or information obtained from a record, who knowingly furnished the record or information to a person who is not authorized by law to receive the record or information is guilty of a misdemeanor.
7. Penal Code Section 13302, relating to Local Summary Criminal History Information, provides as follows:
Any person of the local criminal justice agency who knowingly furnishes a record, or information obtained from a record, to a person who is not authorized by law to receive the record or information is guilty of a misdemeanor.
8. Penal Code Section 13304. *Unauthorized person who buys, receives or possess information is guilty of a misdemeanor.*

I have read, understand and agree to abide by the terms of the above

Volunteer's Full Name

(Print): _____

Volunteer

Signature: _____

Date: _____