



Volunteer Homeland Reserve Unit (VHRU) Application Form

Last Name _____ First Name _____ Middle Name _____

Home Address: _____ Apartment # _____

City: _____ State: _____ Zip: _____

Place of Birth (City/Town-State): _____

Social Security # _____ DOB: _____ M/F _____
MM/DD/YY

Drivers Lic. # _____ State: _____ CCW Permit# _____ Expires _____

AKA'S: _____ Height: _____ Weight: _____ Eye Color: _____ Hair: _____

Home Phone # _____ Work Phone # _____ Cell Phone # _____

Pager # _____ E-mail: _____ Fax # _____

Vehicle Year: _____ Make: _____ Color: _____ Model: _____

Vehicle Registration: _____

Coalition Member Organization (if applicable) _____

Second Language Spoken (Yes) describe _____ (No)

Have you ever been convicted of a crime _____ (Yes) _____ (No)

If Yes, please explain the circumstances: _____

PLEASE LIST ANY PRIOR PUBLIC SERVICE (LAW ENFORCEMENT, AUXILIARY POLICE) ETC. (IF APPLICABLE)

<u>Police Agencies</u>	<u>Position Held (Rank)</u>	<u>From</u>	<u>To</u>	<u>(MO/YEAR)</u>
1. _____				
2. _____				

Contact Person at Police Agency: _____ Telephone # _____

**Mailing address of contact person _____

** **Address must be complete** (with street or PO Box, City State and Zip)

Reason for leaving law enforcement, Retirement () Medical () Other, Please explain:

I hereby authorize the Volunteer Homeland Reserve Unit (VHRU), a not-for-profit Nevada Corporation to conduct a background check and obtain any information required to verify your qualifications. I release the Volunteer Homeland Reserve Unit (VHRU) from any liability resulting from this investigation. I also certify the statements made in this application are true and correct and have been given voluntarily. I understand that I will not be paid for my services as a volunteer.

Volunteer's Signature _____ Date _____

**DO NOT WRITE IN THIS BOX, FOR THE VOLONTEER
HOMELAND RESERVE UNIT (VHRU) USE ONLY**

Date Application Received _____ Initials _____

Date Background Check Completed _____ Initials _____

Results of Background Check/Comments: _____

Volunteer ID Card # _____ Date Issued: _____

VOLUNTEER HOMELAND RESERVE UNIT (VHRU)
(A NEVADA NOT FOR PROFIT CORPORATION)
WAIVER AND AUTHORIZATION FOR RELEASE OF INFORMATION

To Whom It May Concern:

I authorize you to furnish the Volunteer Homeland Reserve Unit (VHRU) any information relating to my previous employment. Your reply will be used to assist the VHRU in determining my qualifications and fitness to be a VHRU volunteer.

I have read and understand my rights under Title 5, United States Code, Section 552A, the Privacy Act of 1974 and waive those rights with the understanding that information furnished will be used by the VHRU in conjunction with becoming a volunteer member. I understand the information obtained by the VHRU will be kept confidential and not released to any private citizen under any circumstances.

I hereby release the VHRU organization and your officers of the Board from any liability or damage which may result from furnishing the information requested, including liability pursuant to any state or local code or ordinance or any similar laws.

Name Printed

Address

City

State

ZIP

Signed

Date Signed