



# City of Fall River Police Department



## VOLUNTEER SUPPORT UNIT (VSU)

### APPLICATION

#### PERSONAL INFORMATION:

Name: \_\_\_\_\_  
( Last Name ) ( First Name ) ( Middle Name )

Address: \_\_\_\_\_  
( Street ) ( City ) ( State ) ( Zip Code )

Date of Birth: \_\_\_\_\_ Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Sex: \_\_\_\_\_

Previous Names: \_\_\_\_\_  
( Include maiden names, previous married names, and aliases )

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Present or Most Recent Occupation: \_\_\_\_\_

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

Please return completed application to:  
Captain Kelly Furtado  
Fall River Police Department  
685 Pleasant Street, Fall River, MA 02721  
(508) 676-8511 Ext. 173

**EDUCATION: List education received beginning with high school.**

School Name	Location	Degree or Units Completed

**EMPLOYMENT: List work history for past two employers if within five years.**

Employer	Address	Title or Position	Date of Employment

**CRIMINAL HISTORY:**

Have you ever been convicted of a felony? \_\_\_\_\_  
Have you ever been convicted of a misdemeanor? \_\_\_\_\_  
If yes to either question, please provide the following information:

Date	Charge	Police Agency	Disposition / Penalty

**ADDITIONAL COMMENTS OR CONTINUATION OF INFORMATION LISTED ABOVE:**




**Volunteer Support Unit (VSU)  
Authorization for Release of Records**

This release constitutes my consent and authority to release records and provide statements and information regarding my background.

Specifically, I authorize the release of the following data or records to the City of Fall River Police Department: Employment; Educational; Medical; Psychological; Selective Service; Police and Criminal; Motor Vehicle and Driving; Financial and Credit; and the UNDELETED copy of the separation document and medical records of the National Personnel Records and Military Personnel Records Centers.

This authorization is given in connection with a background investigation being conducted relative to my application for, or continued volunteer work with, the City of Fall River Police Department. The intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing an investigation, which may provide pertinent data for the City of Fall River Police Department, to consider my suitability for volunteer service.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part upon this release authorization, will be considered in determining my suitability for volunteer service by the City of Fall River Police Department. I understand that all materials pertaining to this background investigation become the property of the City of Fall River Police Department and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. I further understand that in the event my application is disapproved, the confidential information or source(s) of information will not be revealed to me. A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

**Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.**

**Printed Name:** \_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_