



Search Control No: \_\_\_\_\_

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### VOLUNTEER REGISTRATION AGREEMENT

This form must be completed by each civilian volunteer - Photo ID required

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ TIME: \_\_\_\_:\_\_\_\_ AM/PM LOCATION: \_\_\_\_\_

**INFORMATION FROM:**

NAME: \_\_\_\_\_ M \_\_\_\_ F \_\_\_\_ D.O.B: \_\_\_\_/\_\_\_\_/\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE:( ) \_\_\_\_\_ WORK PHONE:( ) \_\_\_\_\_

**PHYSICAL PROFILE:**

HEIGHT: \_\_\_\_\_

WEIGHT: \_\_\_\_\_

HAIR: \_\_\_\_\_

EYES: \_\_\_\_\_

**HEALTH: (CIRCLE ONE)**

POOR FAIR GOOD EXCELLENT

SPECIAL OPERATIONS

\_\_\_\_\_

\_\_\_\_\_

**COMMUNICATIONS**

MOBILE PHONE: \_\_\_\_\_ RADIO - CHAN: \_\_\_\_ FREQ \_\_\_\_\_

VEHICLE - YES:\_\_ NO:\_\_ MAKE: \_\_\_\_\_ YR: \_\_ LIC# \_\_\_\_\_

SPECIAL EQUIPMENT OR TRAINING \_\_\_\_\_

**EMERGENCY CONTACT**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NOTICE: Your service is appreciated. It is essential that you follow some basic ground rules.

1. You must follow any and all instructions given by designated personnel.
2. Personal safety is a priority for everyone. Do not attempt a task for which you are not physically or emotionally prepared. Do not leave the team or area to which you are assigned.
3. You must check in each time you return from a field assignment, and account for any special equipment issued.
4. With this type of effort, there is an element of risk. You agree to be responsible for your own safety and conduct. Should you be injured, no individuals or groups connected with this effort will be held liable.
5. YOU agree that any information acquired during your service will not be used for any personal profit or gain and will be held confidential.
6. Your involvement in this effort in no way allows you to ignore or violate any local, state or federal laws

**I agree to follow the above ground rules**

**SIGNATURE** \_\_\_\_\_

**WITNESS** \_\_\_\_\_

White Copy -Analysis

Yellow Copy -Historian

Pink Copy -Enforcement

Gold Copy -Law Enforcement

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