Citizen Task Force

Guideline and Resource Handbook

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Section 1: Introduction

Citizen Task Force

The Citizen Task Force is a volunteer group made up of young adults and senior citizens, whose sole purpose is to help the Ashland community in a time of need: natural disaster, traffic control, first aid, CPR, holiday patrol, school sporting events, festivals, or other duties as called upon or requested.

Goals and Objectives

Goals

The Citizen Task Force provides assistance to the Ashland Police Department and the Town of Ashland for emergencies or special events. The program's ultimate goals are to provide a safe, caring, and supportive environment for the Town of Ashland. Through this program, the Citizen Task Force staff seeks to:

Objectives

- Get the citizens of Ashland more involved in their community
- Provide a safe traffic environment for the Town of Ashland
- Develop bonds with town residents
- Be mentally and physically prepared for any disaster that may arise
- To be organized, equipped, and ready to handle medical emergencies

Resources

- This guide should be a valuable resource to you
- The Volunteer Coordinator knows about the program, policy, and procedure and should be able to assist you in any endeavor.
- You will have the contact information for other members of the Citizen Task Force, so that you may get assistance from them.

Benefits to You

- Community Service/Volunteer work
- APD Provides uniforms, vests, and other equipment
- Résumé enhancement
- Possibility of getting volunteer awards
- Patches specifically made for Citizen Task Force members

Section 2: Department's Policy on Volunteers

POLICY and PROCEDURE	Series: 16	Number: 7	Effective Date: 04/01/2008
TYPE OF DIRECTIVE: Administrative Order			Rescinds: ADM 7-3
SUBJECT:		Amends:	Revised:

APD Volunteers Program

CALEA Standards: Chapter 16, 61	Approved by: CHIEF

Purpose

The purpose of this policy is to describe the function and role of civilian volunteers in the Ashland Police Department.

Policy

The Ashland Police Department will seek to utilize those people interested in helping their community by utilizing civilian volunteers.

Procedure

I. Use of Volunteer Guidelines

A. Volunteers will not be commissioned as law enforcement officers.

B. Volunteers will not be assigned to duties that require sworn officer status.

C. If volunteers are to be used in a role beyond normal civilian support duties, they are to receive training appropriate to the duties anticipated. Prior experience in the role may be substituted for training. This is to be accomplished through classroom training in addition to field training.

D. If volunteers are to be uniformed they will be uniformed in such a manner as to clearly distinguish them from sworn officers of the department. When uniforms are not used, auxiliaries will be directed to wear a designated identification card as a minimum means of distinguishing their status.

E. The use of volunteers will be coordinated in the following ways:

i. Citizen Task Force

1. Traffic Control
2. Medical Emergencies
3. Safety assistance for festivals and school events
4. Holiday Patrol
5. Other assignments as needed

ii. Internships

II. Operations

A. Before engaging in any volunteer work each volunteer will:

1. Complete an application and an interview,
2. Sign a confidential agreement and liability waiver,
3. Have a criminal records/background check,
4. And other requirements as determined by the Chief of Police.

Section 3: Duties

Your duties as a Citizen Task Force member vary in the amount of time and effort needed to accomplish them. As a member of the Citizen Task Force, you will do the following:

Traffic Control

It is possible for members of the Citizen Task Force to be called out to direct traffic during accidents, natural disasters, special events, or periods of high traffic volume. For this, you will be supplied with a traffic control vest, traffic flashlight, and road flares.

Safety Assistance

When the Town of Ashland is hosting a festival or there are school sporting events scheduled, volunteers will be needed to assist with safety. Members of the Citizen Task Force may assist the Ashland Police Department in these endeavors.

First Aid – AED/CPR

You, as a Citizen Task Force member, will be able to provided, in case of a medical emergency, first aid or CPR if needed.

Holiday Patrol

During the holidays, Ashland Police Department may contact members of the CTF and ask them to patrol on foot in certain areas to increase department visibility, accessibility to officers, and more "eyes and ears" in the retail corridors.

Section 4: Teamwork

Teamwork is an integral part of our program. We strive to accomplish many goals, all of which are accomplished by teamwork. The members of the Ashland Police Department believe that if we work together, we can get many things done quicker, than if we did them separately. With that said, the focus for this section is on teamwork. We want to see you all work together as well as we do.

All of us at APD are supporting you, the program, and your success. We hope that by training you as a team, you will work as a team and think as a team. Members of the Citizen Task Force and the officers with the Ashland Police Department will work in conjunction to solve many issues in the community and to serve the community thoroughly.

If any members of the Citizen Task Force have questions, concerns, or any needs, they can contact members of the department and get the answers they seek or the assistance that they need.

Working together will make this program a great success!

Section 5: Training

Training for Ashland Police Department officers is a continual process. Training for our volunteers, we feel, should be the same way. We will train volunteers in many different areas from traffic control to CPR and first aid. Training will be ongoing so that volunteers are up-to-date on department policies, changes in programs, and to further develop their own skills to assist them in better carrying out the assignments that are requested of them. Training, as stated, will be in several different areas. These areas are:

Traffic Control/Radio Usage
First Aid – AED/CPR
Town Ordinance Training *
Crime Prevention Strategies *

* Training in these areas are just an overview so that you may have the basic knowledge to perform your duties. The times, dates, and locations for training classes are TBA.

All of the training supplied by the Ashland Police Department must be completed in order to proceed in the program. Training is essential to ensure the safety of the members of this program.

Section 6: Other Requirements

In order to participate in this program, there are several requirements that have to be met. These are the following:

- Be in reasonably good physical condition – Have a note from your doctor supporting your participation in the program (If you are an R-MC student, Hunter Shirey would be your best option).

- High School Diploma or GED – In order to participate, you must possess a high school diploma or a GED equivalent. In addition, you must be at least 18 years of age.

- Time Requirements – It is recommended that you have about eight to twelve hours available a month for the program. Training is included in this time frame.

- Uniforms and Equipment – The uniforms and the equipment supplied to the members of the Citizen Task Force should never be used in an inappropriate manner or abused. If a member (or members) of the program is/are acting in a manner, which would reflect negatively on the department or members of the department or uses department equipment without proper sanction, the Ashland Police Department reserves the right to terminate the volunteering member(s).

- Background Check – Applicants may not have any felony convictions or serious misdemeanors convictions and must maintain a good driving record to participate in the program. Applicants will submit to a thorough background check conducted by the Ashland Police Department.

ASHLAND POLICE DEPARTMENT
VOLUNTEER APPLICATION

Name (Last, First, Middle)	List any other names used (Maiden Names, etc)

Home Address	Home Telephone

Age	Date of Birth	Sex	Drivers License Number	Social Security Number

Member of any civic organizations (please list):

Have you ever been arrested? ____ **Yes** ____ **No** **If yes, please explain**_____

_____

_____

Have you ever been convicted of any offense other than minor traffic citations? ____ **Yes** ____ **No**

_____

_____

Have you ever been the victim of a crime? ___**Yes** ___**No** **If yes, please explain**_____

_____

Was this reported to the Police? _____**Yes** _____**No**

References:
Supply three references who are not related to you and have known you for at least three years:

Name_____ **Address**_____

Home Phone_____ **Work Phone**_____**Years Known**_____

Name_____ **Address**_____

Home Phone_____ **Work Phone**_____**Years Known**_____

Name_____ **Address**_____

Home Phone_____ **Work Phone**_____**Years Known**_____

Please state why you wish to participate in the Ashland Police Department Volunteer Program

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

I hereby certify by my signature that the information contained herein is truthful and there are no willful misrepresentations or falsifications in this application, and all answers are true and correct to the best of my knowledge.

By submitting this application to participate in the Ashland Police Volunteer Program, I understand that the Ashland Police Department will conduct a background check to ensure I have no criminal convictions that would make me ineligible to participate in this program.

_____ _____

Signature **Date**

Town of Ashland Police Department
601 England Street
Ashland, Virginia 23005
(804) 798-1227

Authority for release of information

_____
Volunteer's Name

I respectfully request and authorize you to furnish the Town of Ashland, Police Department, ANY and ALL information that you might have concerning my criminal record, employment record, educational record, military record, reputation, character, financial and credit status. Please include any and all polygraph results, application information and other information of a confidential nature, and photostats or copies of same. This information is to be used to assist the Ashland Police Department in determining my qualification and fitness for the volunteer position I am seeking. A reproduction of this release form will be valid as an original hereof and shall expire twelve months from the date of its acknowledgment.

I hereby release you, your organization or other, from any and all liability or damage which my result from furnishing the information requested. I further understand that sources of information, as well as the information itself cannot be revealed to me.

_____ _____
Volunteer's Signature Date

_____ _____
Address Date of Birth

_____ _____
City, State, Zip Code Social Security Number

Commonwealth of Virginia
County of Hanover, to wit:

Signed and acknowledged before me, a notary public, by _____ this _____ day of _____, 20___ in my jurisdiction aforesaid.

_____
Notary Public
My commission expires: _____ Notary Registration Number: _____

Physicians Statement of Physical Condition

To: Town of Ashland
101 Thompson Street
Ashland, Virginia 23005
(804) 798-9219

Date: _____

I examined: _____ on _____
Volunteer's name

And found him/her to be in good health and physically capable of participating in the Volunteer Program for the Town of Ashland Police Department.

_____ _____

Signature of examining physician Date

_____

Type/Print name of Physician

_____

Address

_____

City, State, and Zip code

Statement of Liability

An acceptable level of fitness is necessary in order to engage in the essential job functions of a volunteer. It is therefore necessary that volunteers possess the minimum level of fitness needed to enable him/her to successfully fulfill the job requirements of a volunteer without undue health risks. Job requirements include: standing for long periods of time, walking, lifting/pulling/carrying traffic cones and adverse weather exposure.

In consideration for such employment, the undersigned applicant hereby releases the Town of Ashland, the Ashland Police Department and all of their employers and agents, of and from, any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained as a result of participating in the Citizen Task Force Volunteer Program.

Being fully aware of the physical exertion, risks and hazards involved in working special events, walking foot patrols and being exposed to adverse weather conditions. I hereby elect to voluntarily take it and also voluntarily assume all risks or loss, damage or injury, including death, which may be incurred as a result thereof.

I have read the information provided on this form and I sign it voluntarily.

_____ _____

Applicant Signature Date

_____

Witness Signature (*Leave Blank*)

Ashland Police Department
Citizen Task Force

Confidentiality Agreement

I understand that maintaining confidentiality is of critical importance in my work at the Ashland Police Department.

As part of my duties as a volunteer, I may learn confidential information that is related to the Ashland Police Department that might include personnel matters, criminal investigations, criminal histories, and other high profile public issues. I may also hear conversations, see written documents, or observe things that are not intended for public review. The Ashland Police Department has extended the offer for me to volunteer my time and talents to them on the condition that I abide by the terms of this Agreement.

I agree that I shall not violate the confidentiality interests of the Ashland Police Department or its employees. The presumption is that all information related to my duties is confidential information unless I am explicitly told otherwise by the Chief of Police or his or her designee.

This agreement shall not be construed to prevent me from discussing the general nature of my work as a volunteer. However, under no circumstances may I reveal confidential information.

By signing this Agreement I represent that I will not, at any time, knowingly deliver any confidential information to any person, entity, or organization, except as required by law or court order. I understand that any violation of this Agreement, or of confidentiality in general, is cause for separation from the Ashland Police Department and the Citizen Task Force program.

_____ _____

Volunteer's Signature Present Date

_____ _____

Witness Signature Present Date

Release and Waiver of Liability for Volunteers
Ashland Police Department

The purpose of this waiver is to establish an understanding between the Ashland Police Volunteers and the Ashland Police Department regarding liability issues.

I want to volunteer my services to the Town of Ashland and the Ashland Police Department. I certify that I am in good mental and physical condition and I understand the inherent risks associated with acting as a volunteer including the risk of physical injury or death. I understand that these risks may include, but are not limited to, slips and falls, physical activity and exertion, muscle and ligament strains, pulls and tears, abnormalities of blood pressure or cardiac arrest, assault and battery, cuts and punctures from debris, glass, nails, hypodermic needles, wire, rocks, concrete, cans, and other sharp objects. I further understand that I risk aggravating any pre-existing physical condition I may have in the performance of these services.

I understand that while my volunteer services will be at the direction of the Town, its police officers and police employees, I am nevertheless not an employee of the department at the time of my performance of these volunteer services. I further understand that I am a volunteer and that no employee/employer or master/servant relationship is created between me and the Town or the Ashland Police Department and that I will receive no compensation of any kind for my participation as a volunteer and that there is no promise of paid employment or future paid employment. There is no employment contract or other contract of hire between me and the Ashland Police Department. I acknowledge that the volunteering of time and/or services does not constitute employment.

In consideration of the Town of Ashland allowing me to participate as a volunteer, I agree not to sue and forever release, waive and discharge the Town from any and all liability to me or my personal representatives, assigns, heirs, children, dependents, spouse and relatives from any and all claims, causes of action, losses, judgments, liens, costs, demands or damages that are caused by or arise from any injury (including death) to me or my property. I assume all risks associated with my participation as a volunteer. I understand that the performance of these volunteer services may be hazardous, and I specifically waive any liability for injuries that may result from the negligence or carelessness of fellow volunteers, Ashland Police officers, police employees, or the public.

I understand that the Town of Ashland shall not be responsible for loss or theft of personal property, or damage to personal property caused by the Town of Ashland, its employees and officers, other volunteers or the public.

I understand that my participation as a volunteer in this activity is purely and solely voluntary and that I am not an employee, contractor, or representative of the Town of Ashland. I further acknowledge that I am not, and will not function as a Peace Officer or Reserve peace Officer, of any level, or a firefighter, emergency medical technician or civil defense worker. By virtue of my volunteer status, I shall have no powers or abilities greater than that as a private citizen to enforce the laws of the State of Virginia.

I hereby acknowledge that I have carefully read this Release and Waiver of Liability for Volunteers, that I fully understand its contents, that I am 18 years of age or older, and that I am signing this Release and Waiver of Liability for Volunteers voluntarily and intend for it to be legally binding.

Name (Printed)

Address

City/State/Zip

Telephone Number

Email

Signature of Volunteer

Present Date

Witness Signature

Present Date