

**VETERANS EMERGENCY TRAINING SERVICE (V.E.T.S)
BACKGROUND CHECK ACKNOWLEDGEMENT AND RELEASE**

1. I hereby apply to become an unpaid volunteer with the Monmouth County Sheriff's Office (MCSO).
2. I authorize the Monmouth County Sheriff's Office to conduct a background check to ascertain my suitability for participation in the V.E.T.S. volunteer program.
3. I authorize the MCSO to contact all persons or organizations referenced in the volunteer application.
4. I authorize the references to release information concerning my previous employment, education and any other pertinent information regarding service with the volunteer program to the MCSO.
5. I hereby release the County of Monmouth, Monmouth County Sheriff's Office, previous employers and all other persons providing information from any and all claims, demands or liabilities arising out of, or in any way related to the examination of my background.
6. I acknowledge there may be certain risks associated with the activities of a volunteer with the MCSO, specifically with regard to public safety and emergency management functions of the office. I release the County of Monmouth, the MCSO and the Monmouth County Sheriff, their respective officers, agents and employees from liability for bodily injury or other damages arising from my participation in the V.E.T.S. program.
7. I will abide by all rules and regulations of the MCSO during my time as a volunteer. I acknowledge that I will be immediately released if I violate any said rules and/or regulations. I acknowledge that my affiliation with the V.E.T.S. program and the MCSO may be cancelled at any time at the sole discretion of the sheriff or his designee with or without cause.

Last, First, Middle Initial

Date of Birth

Social Security Number

Signature of Volunteer

Witness Date

Notary Public

VETERANS EMERGENCY TRAINING SERVICE (V.E.T.S)

CONFIDENTIALITY STATEMENT

I, _____ understand and agree that as a volunteer assigned to the Monmouth County Sheriff's Office, I will be exposed to information that may be confidential in nature. I understand that under no circumstances will I divulge information relating to official police business to include reports, verbal information, correspondence or any other information originating from or through this agency at any time during or following participation in the program. Any/all inquiries received regarding the MCSO shall be referred to the Sheriff or Public Information Officer. I further understand that if it is determined that I violated this confidentiality statement it shall result in my immediate release from the program and I may be subject to criminal or civil prosecution to the extent provided by law.

Signature of Volunteer

Witness Date

Notary Public

VETERANS EMERGENCY TRAINING SERVICE (V.E.T.S)

VOLUNTEER AGREEMENT

AGREEMENT BETWEEN _____ AND THE MONMOUTH COUNTY SHERIFF'S OFFICE

This Agreement is entered into on this ____ day of _____, 20__, between _____

(hereinafter referred to as the "VOLUNTEER"), with a residential address (street, city, state, zip code) at

_____ and the **MONMOUTH COUNTY SHERIFF'S OFFICE** (hereinafter referred

to as the "MCSO"), with principal offices located at 2500 Kozloski Rd, Freehold, New Jersey 07728.

IT IS AGREED

1.PURPOSE OF AGREEMENT. The above named applicant upon acceptance by the Sheriff, will serve as a VOLUNTEER with the MCSO, to support operations of the MCSO, which may include service in Communications Division, Law Enforcement Division, Corrections Division, Office of Emergency Management, Police Academy and Community Outreach Programs.

2.TERM OF AGREEMENT. This agreement is in effect upon signature of all parties and shall remain in effect for the period of one year with the option of renewal for additional one year periods upon written consent by both parties. Thirty (30) days advance notice shall be given to the MCSO in the event the VOLUNTEER would like to cease participation in the program, if feasible or unless uncontrollable emergency circumstances arise.

3.TERM OF INDIVIDUAL TIME. Each individual VOLUNTEER opportunity under this agreement shall be for such duration, dates and times as mutually scheduled in writing between the parties, subject, however to the parties' cancellation rights described above.

4.SHERIFF'S RESPONSIBILITY. The MCSO will: a. Perform background checks on all VOLUNTEERS prior to their acceptance into the program. b. Provide the VOLUNTEER with training commensurate with the responsibilities of assigned duties. c. Provide the VOLUNTEER with a uniform duty shirt designating his or her involvement in the program d. Provide the VOLUNTEER a Sheriff's photo ID card indicating the individual is affiliated with the V.E.T.S program.

5. VOLUNTEERS RESPONSIBILITY. a. Sheriff's Office ID must be prominently displayed at all assigned functions and at all times while assigned to MCSO facilities. Volunteers are responsible to conduct themselves professionally when representing the MCSO. At no time should the Volunteer engage in activities which would discredit this agency or misrepresent their status as a volunteer.

6. SHERIFF'S AUTHORITY a. VOLUNTEER whose background checks are unsatisfactory in sole judgement of the MCSO will not be accepted into the (V.E.T.S.) program. b. At the sole discretion of the MCSO, participating VOLUNTEERS may be removed prior to completing their respective term. c. The MCSO or designee shall maintain complete operational authority over the MCSO facilities and operations, including supervisory authority over the activities of the participating VOLUNTEER.

7. **NO COMPENSATION.** There shall be no compensation paid by any party to another party in connection with the (V.E.T.S.) program, including any compensation that could give rise to an employer and employee relationship.

8. **MODIFICATION.** The terms of this Agreement shall not be modified, changed or otherwise altered without the written consent of all the parties hereto.

9. **INDEMNIFICATION.** The VOLUNTEER will indemnify and hold the County and the MCSO, and their respective officers, employees and agents harmless from and against any and all claims or costs, including reasonable attorney's fees, that arise out of their participation in this agreement, including claims brought by the VOLUNTEER'S family or affiliates against the County of the MCSO of their respective officers, employees and agents. This includes claims brought by third parties due to action or inaction by volunteer.

10. **VOLUNTEER STATUS:** By way of this agreement I acknowledge that no employer, employee relationship exists between the Monmouth County Sheriff's Office, the County of Monmouth and volunteer.

11. **BINDING EFFECT.** This Agreement shall be binding upon the parties hereto and their successors and assigns.

12. **NO ASSIGNMENT.** No party shall assign or transfer any interest in this Agreement without the other parties' prior written consent, which such consent shall not be unreasonably withheld.

13. **NO WAIVER.** The waiver or failure of a party to exercise any right under this Agreement in one or more instances shall not be deemed a waiver of that right in other instances.

14. **ENTIRE AGREEMENT.** This Agreement sets forth the entire understanding between the parties.

15. **GOVERNING LAW.** This Agreement shall be governed by the law of the State of New Jersey.

16. **CONTACT PERSONS.** Unless and until changed by a notice from one party to the other party(ies), the following persons shall serve as the contact persons for the MCSO: Name: Selma Morris, Executive Assistant, Monmouth County Sheriff's Office Phone Number: 732-431-6400 ext. 1114 Email Address smorris@mcsonj.org, Mike Ferraro, Asst. Veterans Service Officer, Phone Number: 732-431-6400 ext 1806 Email Address mferraro@mcsonj.org

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|-------------|------|
| Reviewed by | Date |
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VOLUNTEER

Volunteer Signature

Printed Name

Date

FOR THE MONMOUTH COUNTY SHERIFF'S OFFICE

Shaun Golden, Sheriff

Date