



# 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)**

**Police Agencies            Position Held (Rank)            From To            (MO/YEAR)**

1. \_\_\_\_\_

2. \_\_\_\_\_

Contact Person at Police Agency: \_\_\_\_\_ Telephone # \_\_\_\_\_

\*\*Mailing address of contact person \_\_\_\_\_

\*\* Address must be complete with street or PO Box, City and Zip

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

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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.**

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**Name Printed**

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**Address**

**City**

**State**

**ZIP**

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**Signed**

**Date Signed**