



R. M. Poindexter  
Chief of Police

# ROANOKE COUNTY POLICE DEPARTMENT

5925 Cove Road  
Roanoke, Virginia 24019  
Office: (540) 777-8601  
Fax: (540) 777-9768

## Volunteer / Student Internship Program

### Confidentiality and Waiver Form

#### Confidentiality

I certify that I understand the requirements and responsibilities of participating in this program. In consideration of the Roanoke County Police Department granting me permission to enter in or upon any premises or vehicles which are under its actual care or constructive or passive control, I hereby agree not to disclose any information that becomes available to me through my association with the Police Department with any officers, agents from other agencies, other County employees or private citizens.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

#### Waiver

I certify that I understand the requirements and responsibilities of participants in this program; and that I am aware of the potential risk involved with accompanying an officer during the performance of his/her duties.

In consideration of the Roanoke County Police Department granting permission to enter in or upon any premises or vehicles which are under its actual care or constructive or passive control, I hereby waive all claims to damage or loss to my person or property which may be caused by any act, or failure to act, of the Roanoke County Police Department, its officers, agents or employees. I assume the risk of all dangerous conditions in, upon or about the premises or vehicles and waive any and all notice of existence of such conditions.

I certify that as a volunteer I currently have and will maintain medical insurance coverage on myself during the term of the volunteer program. I also acknowledge that I am responsible for any medical related expenses which may arise out of my participation in the Volunteer program.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Assigned Department Supervisor

\_\_\_\_\_  
Date

