



**Scarborough Police Department  
Operation HOPE ANGEL Volunteer  
Application and Background Query Release Form**

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Cell Phone Carrier: \_\_\_\_\_

Email address: \_\_\_\_\_

In an emergency, please contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

**I. Transportation**

Do you have access to transportation, other than public transportation, to get to and from your volunteer work?     No                       Yes

**II. Skills and Interests**

Current/Former Occupation: \_\_\_\_\_

Are you in recovery, or do you have a close family member who is? : \_\_\_\_\_

\_\_\_\_\_

Educational Background: \_\_\_\_\_

Previous volunteer experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why do you want to serve as an Operation HOPE Angel? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**III. Background Information**

Have you ever been convicted of a criminal offense?  No  Yes

If yes, please explain (charge/conviction date):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you currently on probation?  No  Yes

If so, who is your probation officer (include phone #): \_\_\_\_\_

If you have a disability, list any accommodations you may need: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE ATTACH COPY OF PHOTO IDENTIFICATION OR DRIVER'S LICENSE**

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## Background Query Information

The duties of a Scarborough Police Department Operation HOPE Angel will place the volunteer in close personal contact with persons requesting assistance with addiction and recovery; create circumstances in which they will interact with the public, fellow volunteers, law enforcement personnel, and treatment providers, as well as granting access to law enforcement facilities and sensitive information.

For these reasons, the Scarborough Police Department has an obligation to help ensure the safety of program participants, volunteers, and members of the public the Angel may come into contact with.

In connection with an individual's application to serve as an Angel with the Scarborough Police Department Operation HOPE initiative, the Scarborough Police Department will conduct a review of their criminal history and probation status to their determine suitability for program participation.

*The Scarborough Police Department also recognizes that people make mistakes and are capable of change, therefore, IT IS IMPORTANT TO NOTE THAT PREVIOUS CRIMINAL CONVICTIONS OR CONDUCT WILL NOT NECCESSARILY DISQUALIFY APPLICANTS FROM SERVING AS AN ANGEL. All circumstances will be considered in making a decision on the application.*

For safety and security reasons, persons who have been convicted of the following offenses will, as a general rule, be deemed not suitable to serve as a Scarborough Police Department Operation HOPE Angel. In instances in which the applicant is deemed non-suitable to perform Angel duties, efforts will be made to find other roles and duties which will allow the applicant to participate in and support the program:

- **All Felony Sex Offenses – Regardless of the amount of time since offense.** Examples: Child molestation, rape, sexual assault, sexual battery, etc.
- **All Felony Violence – Regardless of the amount of time since offense.** Examples: Murder, manslaughter, aggravated assault, kidnapping, robbery, etc.
- **All Felony Offenses other than violence or sex – within the past one (1) year from time of conviction.** Examples: Drug related, theft, fraud, etc.
- **All Misdemeanor Violence – within the past one (1) year from time of conviction.** Examples: Simple assault, battery, domestic violence, hit and run, etc.
- **All Misdemeanor drug and alcohol offenses – within the past one (1) year from time of conviction.** Examples: Driving under the influence, simple drug possession, disorderly conduct, drinking in public, possession of drug paraphernalia, etc.
- **Open Charges –** Persons with any open charges for disqualifying offenses shall be restricted from volunteering until the active case is brought to resolution or the charges are dropped.

### Disqualifying Offense(s) Appeal Process

1. If a completed background check results in a disqualifying determination, the background coordinator will notify the Chief of Police and Operation HOPE Angel coordinator as soon as possible.
2. The Chief of Police and Operation HOPE Angel coordinator will consult on the matter to confirm or refute the disqualifying determination. In instances of disagreement, the decision of the Chief of Police (as sponsoring agency head) will prevail. In instances in which the applicant is deemed non-suitable to perform Angel duties, efforts will be made to find other roles and duties which will allow the applicant to participate in and support the program
3. If the volunteer wishes to appeal the disqualification he/she can do so by:
  - Requesting an appointment to meet with the Chief of Police to offer evidence and information as to why the disqualifying determination should be reconsiders and overturned
  - The volunteer will be notified of the decision within 5 business days.

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I verify that the above information is true. I understand that any false or misleading information is grounds for denying or terminating my volunteer placement.

I acknowledge understanding that the Scarborough Police Department will conduct a review of my criminal history and probation status to determine suitability for program participation and any such responsive information will not necessarily disqualify me.

I further understand that the content of this application and a determination of Scarborough Police Department approval to serve as an Angel (to include disqualifying factors) will be shared with our partner agency, the Portland Recovery Community Center.

I hereby release from liability and agree to hold harmless; under any and all possible cause of legal action, including negligence, the Town of Scarborough, its police department, and any of its officers, agents or employees for any neglect or wrongful statements, acts, omissions made or recorded in the course of my background query.

***Having completed the above application form and read the Background Information Query process, I hereby request to be considered to serve as an Operation HOPE Angel.***

\_\_\_\_\_  
(Volunteer's Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Witness Signature)

\_\_\_\_\_  
(Date)

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**OFFICE USE ONLY**

<b>Received Application</b>	<b>SBI/NCIC-III Complete</b>	<b>Probation Check</b>	<b>Sign Offs</b>	<b>Photo</b>

<b>IMC Check</b>	<b>PRCC Approval</b>	<b>Training Date</b>	<b>Page Group List</b>	<b>ANGEL # Assigned</b>

**NOTES:**