

Agency Loaned / Volunteer Instructor / Role player

Agency Loan

An Agency Loaned instructor is employed by someone other than DPSST and is being paid by their regular employer and covered by the employer's insurance policy to participate in activities at DPSST.

Volunteer

A volunteer is a person who donates their time for the benefit of future law enforcement officers. Volunteers are not compensated for their time.

Role player

A Role player is a person who voluntarily assumes the role of another person and acts it out. Role playing is designed to aid the academy instructional staff in promoting understanding of others and developing critical survival skills. Role players should be in good physical condition and capable of working in extreme environmental conditions.

Select the application type:

- | | |
|---|---|
| <input type="checkbox"/> Role Player | Complete Pages: 1-9 |
| <input type="checkbox"/> Agency Loan | Complete Pages: 1, 2 (section 1 only), 4 & 8-10 |
| <input type="checkbox"/> Volunteer Instructor | Complete Pages: 1 – 9 & 11 |

Are you applying to become an Instructor or Role-player?

- INSTRUCTOR ROLE PLAYER

Check the specific area(s) that you intend to instruct/role play based upon your current qualifications.

Academy Training (Classroom)

- Basic Corrections Local
- Basic Parole/Probation
- Community Relations & Human Behavior
- Investigations
- Law & Legal Topics
- Mental Health
- Patrol Procedures
- Telecommunications
- Oregon Liquor Control Commission

Skills Training

- Health & Safety (ORPAT)
- Survival Skills (Defensive Tactics)
- Firearms

Tactical Training

- Tactical (Building Searches, EVOG, etc.)
- Scenario Instructor/Role Player

Leadership

- Supervision / Mid-Management

Return completed application to: **DPSST HR Audra Anderson**
4190 Aumsville Hwy SE Salem OR 97317
audra.anderson@state.or.us

COMPLETE THE FOLLOWING SECTIONS:

Section I

LEGAL NAME (LAST, FIRST, M.I.):			DATE OF BIRTH: - -	GENDER:
OTHER NAMES USED:				
HOME ADDRESS:			HOME TELEPHONE (include area code): () -	
CITY:	STATE:	ZIP CODE:	WORK TELEPHONE (include area code): () -	
MAILING ADDRESS:			CELL PHONE/MESSAGE (include area code): () -	
CITY:	STATE:	ZIP CODE:	EMAIL ADDRESS:	
DRIVER LICENSE #		STATE#	DPSST NUMBER (IF APPLICABLE):	

Section II

EDUCATION / TRAINING HISTORY List colleges, military, trade, business or other schools attended.				
Do you have a high school diploma or a GED certificate? (Check one) <input type="checkbox"/> YES <input type="checkbox"/> NO				
Name & Location Of School, College, or University		Course of Study (List Major)	Degree or Certificate Received (AA, BA, BS, MA, PhD)	
A		<i>Course of Study</i>	Credits Earned	Did You Graduate?
B		(List Major)	Check One	(Yes / No)
C			&	

LICENSE / REGISTRATION / CERTIFICATE List any required professional license, registration, certificate, Oregon Commercial Drivers License (CDL), etc.			
Description	State	Number	Expiration

SPECIALIZED SKILLS AND KNOWLEDGE List skills or knowledge that show your ability to perform the job for which you are applying (such as typing speed, computer languages or software programs, foreign languages, etc.). Attach additional pages as needed.

Section III

WORK HISTORY

JOB NUMBER 1 (current or most recent position)		
NAME OF EMPLOYER		EMPLOYER'S ADDRESS and PHONE NUMBER
KIND OF BUSINESS		SUPERVISOR'S NAME and PHONE NUMBER
YOUR JOB TITLE		SUPERVISION / LEADWORK CHECK AREAS YOU WERE RESPONSIBLE FOR: <input type="checkbox"/> Assigning and Reviewing Work <input type="checkbox"/> Handling Disciplinary Problems <input type="checkbox"/> Rating Work Performance <input type="checkbox"/> Responding to Grievances <input type="checkbox"/> Hiring or Recommending Hiring <input type="checkbox"/> Not Responsible for Any of Above If you checked any of these boxes, list the number of employees and their job titles.
FROM (MONTH - YEAR)	TO (MONTH - YEAR)	
TOTAL TIME IN CURRENT OR LAST POSITION:	HOURS WORKED PER WEEK (Average)	
DUTIES (List all duties you performed. No credit will be given if this section is not completed.):		
Reason for leaving this position:		

JOB NUMBER 2		
NAME OF EMPLOYER		EMPLOYER'S ADDRESS and PHONE NUMBER
KIND OF BUSINESS		SUPERVISOR'S NAME and PHONE NUMBER
YOUR JOB TITLE		SUPERVISION / LEADWORK CHECK AREAS YOU WERE RESPONSIBLE FOR: <input type="checkbox"/> Assigning and Reviewing Work <input type="checkbox"/> Handling Disciplinary Problems <input type="checkbox"/> Rating Work Performance <input type="checkbox"/> Responding to Grievances <input type="checkbox"/> Hiring or Recommending Hiring <input type="checkbox"/> Not Responsible for Any of Above If you checked any of these boxes, list the number of employees and their job titles.
FROM (MONTH - YEAR)	TO (MONTH - YEAR)	
TOTAL TIME IN POSITION:	HOURS WORKED PER WEEK (Average)	
DUTIES (List all duties you performed. No credit will be given if this section is not completed.):		
Reason for leaving this position:		

Section IV

The Department of Public Safety Standards and Training (DPSST) will conduct a background check on all persons volunteering or on agency loan to the academy. The background check will include a driver's license check and a criminal history check. Please answer the following questions accurately and truthfully. False or fraudulent statements will be grounds for immediate denial of the application.

1. Have you ever been convicted of a crime? (if yes, please include the date of the incident, the charges against you, the police agency involved, the court of record, and the disposition of the incident)

2. Do you have a current driver's license? (Please note any special endorsements (CDL, etc.)

CERTIFICATION AND SIGNATURE

I understand that any verbal or written statement that is false, fraudulent or misleading that is contained in this application or attached materials, or made in the course of any related employment process, whether made by me or by others at my request, will result in rejection of my application, denial of employment, or dismissal from state service if discovered after employment, and under some circumstances, may result in prosecution for a crime.

- ◆ I certify that all statements contained herein are true and complete whether made by me or others at my request.
- ◆ I understand that if hired, I must prove that I am legally authorized to work in the United States.
- ◆ I authorize the State of Oregon to check employment references and verify education information provided on this employment application and as disclosed in the interview process.
- ◆ I authorize the State of Oregon to check my driving record if the position for which I am applying requires driving.
- ◆ I release the State of Oregon and all providers of information from any liability as a result of furnishing and receiving any information related to the State of Oregon's hiring process.

I understand, and hereby represent, that I have voluntarily provided personal information so as to permit DPSST to conduct a criminal history records check.

I also understand the results of this investigation are confidential for DPSST use only and will not be disclosed to myself, or any other person, without proper authorization.

By electronically submitting my application materials, I agree to the conditions stated in this "Certification and Signature" section, and this section is enforceable as if I had signed below.

APPLICANT SIGNATURE (Must be signed IN INK):

DATE:

Please provide a short narrative to each of the following questions.

1. How did you learn about volunteer or agency-loaned instructor / roleplaying opportunities at DPSST?

2. Why do you want to become involved in these programs?

3. DPSST is excited to have volunteers and loaned personnel assist with training. The experience and background each individual brings to the program is a key to the overall strength of the scenario programs. This application addresses a portion of your experience and background but does not capture an entire history of your talents and experiences. Our training coordinators can more effectively assign scenario roles as they gain knowledge of participants. If there are experiences, skills, or assets you possess that can assist our training coordinators in effectively assigning roles, please feel free to list them here.

Section V

Role playing is an activity in which participants assume the role of another person and act it out. In a Department of Public Safety Standards and Training (DPSST) role play situation, participants will be given a structured scenario, specific written guidelines, and performance objectives to reach a predetermined result.

Role playing is designed to aid the Public Safety Professional in promoting understanding of others and developing critical survival skills. Training simulations re-create real-life demands that officers will face on the job thus ensuring a better-trained and better-equipped officer graduating from the Academy. A scenario tests the training of an officer and affords him/her the opportunity to develop critical thinking, decision making, and tactical communication skills.

Role playing assignments in DPSST scenario-based training exercises are physically demanding. Role players should be capable of standing for long periods of time. Role players are frequently assigned roles outdoors and as such are exposed to the prevailing weather conditions of the training day. Training does not typically stop for weather-related reasons except in extreme or dangerous conditions.

Role players should be in good cardio-vascular condition. Role players are often assigned training situations that require role players to actively engage trainees in physical confrontations or actively attempt to elude capture. During these situations role players should be prepared to be handcuffed (both in front of the body and behind the back), or other methods of physical detainment. Some scenarios require role players to run.

Several training scenarios involve the utilization of marking guns which expel a projectile filled with a detergent-based paint that can occasionally cause a small abrasion or otherwise break any exposed skin.

Role players may be asked to operate motor vehicles.

Applicants with concerns about medical conditions or limitations should notify the volunteer coordinator and the training coordinator. Pre-existing conditions will not necessarily disqualify candidates from participation as volunteers.

 Do you feel you are able to perform all of the physical expectations required of a role player at DPSST as described above? YES NO

Section VI

STATE OF OREGON CONDITIONS OF VOLUNTEER SERVICE

As a volunteer working in a State of Oregon agency, you need to understand the extent to which you are covered by State of Oregon insurance for liability and personal injury/illness. Please read the following carefully and sign below.

TORT LIABILITY

You will be protected from civil liability for injuries or damage to the person or property of others, subject to the following general conditions:

- 1 You are working on a state agency task assigned by an authorized agency supervisor;
- 2 You limit your actions to the duties assigned; and
You perform your assigned tasks in good faith, and do not act in a manner that is reckless or with the intent to unlawfully inflict harm to others. The conditions and limits of this protection are as stated in the Oregon Tort Claims Act, ORS 30.260-300, and Oregon Department of Administrative Services Risk Management Division Policy Manual, 125-7-202.

MOTOR VEHICLE LIABILITY

If you use a personally owned vehicle in the course of your duties, you are required to have automobile liability insurance to provide your primary coverage for any accidents involving that vehicle. State provided auto liability coverage will apply on a limited basis only after your primary coverage limits have been used.

VOLUNTEER INJURY COVERAGE

Workers' compensation is not provided. However, the agency has an injury protection plan to cover injuries of authorized volunteers. It is limited to only injuries due to an accident while performing volunteer duties. The state will pay medical treatment bills, disability, death and dismemberment benefits to the limits and under the terms and conditions described in Oregon Department of Administrative Services Risk Management Division Policy Manual, 1257-204. If you are injured in a private vehicle, the owner's insurance is responsible for your medical bills.

REPORTING RESPONSIBILITY

Any time you are involved in any accident or exposed to a potential liability situation while performing assigned duties, you must inform a supervising DPSST Training Division employee as soon as possible.

I HAVE READ AND UNDERSTAND THE DUTIES (Section V) AND CONDITIONS OF VOLUNTEER SERVICE (Section VI).

Applicant Signature: _____ Date: _____

LIABILITY and VOLUNTEER INJURY COVERAGE

AUTHORIZED STATE VOLUNTEER PARTIAL WAIVER AND RELEASE OF RIGHTS UNDER THE OREGON TORT CLAIMS ACT ORS 30.260-300

[PLEASE PRINT] Name: _____

READ CAREFULLY

As an authorized state volunteer performing activities on behalf of the State of Oregon Department of Public Safety Standards and Training, I understand that the State of Oregon will provide limited medical and accidental death, dismemberment and disability coverage for me in the event I suffer injury due to an accident while performing volunteer duties. In exchange for the coverage, I, for myself, my heirs, executors, administrators and assigns, release and forever discharge the State of Oregon from any and all demands or claims for damage or injury, from any cause of suit or action, known or unknown, that I may have against the State of Oregon, and/or its officers, agents or employees, and from all liability under the Oregon Tort Claims Act, ORS 30.260300, for any and all harm or damage to my health in any manner resulting from or arising out of my state volunteer activities.

This release does not extend to or waive any rights I may have under the Oregon Tort Claims Act, ORS 30.260-300, to defense and indemnification from any demand, claim, suit or action brought against me, or liability I may be subject to, or arising out of my authorized state volunteer activities.

In the event that I am injured while performing state volunteer activities, I will notify my agency supervisor and apply for injury coverage benefits.

Applicant Signature: _____ Date: _____

DPSST EMERGENCY CONTACT INFORMATION

PLEASE FILL OUT COMPLETELY

Name:

If Name, Address or Phone Number Change,
Effective Date of Change:

Home Phone:

Home Address:

Mailing Address:

Primary Agency Name and Address (if one):

Part-time employees only - Agency Supervisor:

Phone:

DPSST Supervisor:

Phone:

Physician:

Phone:

LIST INFORMATION BELOW REGARDING PERSONS WHOM YOU WISH TO BE NOTIFIED
IN THE EVENT OF ILLNESS, INJURY OR EMERGENCY.

Name: _____

Name: _____

Address: _____

Address: _____

Daytime Phone: _____

Daytime Phone: _____

Evening Phone: _____

Evening Phone: _____

Applicant Signature

Date

You are responsible for informing your DPSST supervisor if you have a medical condition that may require immediate first aid. **MEDICAL INFORMATION IS CONFIDENTIAL.** It is your decision and responsibility to inform others if you believe it necessary for your health and safety while at work.

THIS DOCUMENT WILL BE KEPT IN YOUR PERSONNEL FILE.

SECTION VIII

You must complete this section if you are applying as an **AGENCY LOAN**.
[If you are applying as a volunteer, do not complete this section.]

Agency Loan Instructor Name: _____

Subject(s) in which this employee has training/certifications to serve as an instructor:

Subject(s) in which this employee has approval to serve as an instructor:

This individual is in "good standing" with our home agency. True False

This individual is considered by our agency to be honest, truthful, and have integrity. True False

There have been no outside complaints or need to investigate reports of inappropriate behavior or harassment.
 True False

If so, please describe.

Additional Comments

This section to be completed by the Applicant's Employing Agency

The below supervisor line is intended for a Chief, Sheriff, or Administrative Officer of an agency. If you are a Chief or Sheriff and are offering to participate in a loaned capacity, you do not need any additional signature of approval.

I, _____, _____ am authorized to grant
(Name of Employing Supervisor) (Title)

the above employee approval to work at DPSST as a loaned instructor. I also acknowledge that The Department of Public Safety Standards and Training (DPSST) will not be held liable for any injuries the above employee may incur while working for or traveling to and from DPSST. Any workers' compensation claims will be filed through our agency.

Agency name, address and telephone: _____

Signature of Employing Supervisor Date

*This section is to be completed by the DPSST Volunteer Coordinator
For Role Players Only*

Recommend Approval

Recommend Denial

DPSST Coordinator Name: _____

DPSST Coordinator Signature: _____

Telephone: _____ Date: _____

Comments: _____

This section is to be completed by DPSST Training Division

Application Approved

Application Denied

Supervisor Name: _____

Supervisor Signature: _____

Title: _____

Telephone: _____ Date: _____