



HOBBS POLICE DEPARTMENT  
 VOLUNTEERS IN POLICE SERVICE  
 MEDICAL WAIVER

I, \_\_\_\_\_ understand that I must be in good physical condition to participate in the Volunteers in Police Service Program.

Duties may include, but are not limited to, moderate walking, sedentary desk work, standing, minimal lifting, and driving. By signing this waiver I acknowledge that I am in good physical condition and have no medical limitation that would prohibit my participation in the Volunteers in Police Service Program.

\_\_\_\_\_  
 Volunteer Signature

\_\_\_\_\_  
 Date

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 TO BE COMPLETED BY PHYCISIAN

I, \_\_\_\_\_, M.D., am unaware of any conditions or restrictions which would prohibit my patient from participating in any of the activities listed.

\_\_\_\_\_  
 Physician Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
 Physician Phone