

**MAYOR**

James Dodge

**VILLAGE CLERK**

Mary Ryan Norwell

15100 S. Ravinia Avenue  
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orlandpark.org



**ORLAND  
PARK**

**DEPARTMENT OF POLICE**

Eric Rossi  
Chief of Police

**TRUSTEES**

William R. Healy  
Cynthia Nelson Katsenes  
Michael R. Milani  
Dina M. Lawrence  
John Lawler  
Joanna M. Liotine Leafblad

**MEMORANDUM OF UNDERSTANDING**

The Orland Park Police Department employs part-time police officers to supplement the full-time officer staffing. Part-time officers accepting employment agree to the following:

To submit a schedule of availability by the 15<sup>th</sup> of each month for a minimum of six shifts per month.

To submit availability to work three Friday or Saturday YSP shifts per month.

Be available to make up the minimum allotment of shifts/weekends if you do not report for your assigned dates.

Be available to work holidays if required.

Be available to participate in training classes and Department events.

Be available to work a variety of shifts.

Maintain a working cell phone and return calls in a timely manner.

To maintain confidentiality of events that occur while working for the police department.

Agree to adhere to all Department General orders.

Agree to reimburse the Village for the costs of uniforms, equipment, and training if you do not follow this agreement, are terminated or resign in the first 18 months of employment.

Agree to report any contact with any law enforcement agency outside the scope of your official duties, no matter how minor the contact.

Agree to any additional stipulations the Department may need to impose as a result of your employment.

I have read and understand the above listed conditions of employment with the Orland Park Police Department. I further understand that failure to comply with any of these stipulations is cause for disciplinary action up to and including termination.

\_\_\_\_\_  
Officer Name (Printed)

\_\_\_\_\_  
Sign

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chief of Police Name (Printed)

\_\_\_\_\_  
Sign

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Name (Printed)

\_\_\_\_\_  
Sign

\_\_\_\_\_  
Date