

DATE \_\_\_\_\_

# SPOKANE POLICE DEPARTMENT



# CITIZEN VOLUNTEER APPLICATION

**PERSONAL HISTORY FORM INSTRUCTIONS  
CITIZEN VOLUNTEER PROGRAM**

The following instructions are furnished as a guide to assist you in filling out the Personal History Form. These forms, which you are required to fill out, must be complete and detailed in all respects. It is the basis for your background investigation which will be conducted to determine your qualifications for the Spokane Police Department Citizen Volunteer Program.

All questions must be answered completely and accurately. If they do not apply to you, indicate with **DNA** (Does Not Apply). Avoid errors by reading the directions carefully before making any entries on the form.

**The purpose of this application is to get truthful answers. The fact that you tell the truth will receive more considerations for this position than any good impression you may try to make with untruthful answers. Providing false information or the failure to include information as directed may be considered grounds for rejection or dismissal if already accepted.**

You are responsible for obtaining correct addresses. If you are not sure of an address, check it either by personal verification or by personal correspondence.

This form has been designed to encourage rather than discourage applicants for the Spokane Police Department's Citizen Volunteer Program. It has been designed to allow you to present your qualifications in the most positive manner. Any information which might be detrimental can and should be explained so that the persons reviewing your application can more adequately understand your position.

**Remember, every item will be checked and must be verified.** This inquiry is not a guarantee of acceptance. All requirements for acceptance, including a satisfactory background investigation and oral interview must be met before actual appointment.

The information you provide on these pages is to be printed, or handwritten legibly with ink.

**The Citizen Volunteer Program is divided into three categories. Please mark the category for which you would like to be considered:**

**Level One Citizen Volunteer**

Examples of duties: Man information booths, clerical assistance (detectives, specialty units, etc., Vacation Home Checks, McGruff the Crime Dog

**Level Two Citizen Volunteer**

Example of duties: Low-priority police calls (found property, burglary reports, collisions)

If previously instructed, you may select:

**Level Three Citizen Volunteer**

Volunteer Assistant to NRO (Please indicate which COPS shop\_\_\_\_\_ )  
Works with SPD Neighborhood Resource Officer (NRO)  
or

Volunteer Specialist (Please indicate your specialty\_\_\_\_\_ )  
Performs specific, specialized task for SPD

\*Please note that all volunteers are eligible to assist during civic events such as Bloomsday, Lilac Parade and others. Also, all volunteers with physical ability to do so are eligible to assist as needed in training sessions with SPD specialty units such as SWAT, TAC, EDU, Hostage Negotiators, K-9, etc.

**PLEASE INCLUDE WITH THIS APPLICATION THE FOLLOWING:**

**Copy of your Driver's License  and Recent Photo**

FILL OUT APPLICATION **THOROUGHLY**, TO INCLUDE ALL TELEPHONE NUMBERS, ZIP CODES, ADDRESSES, ETC.

**RETURN APPLICATION TO:**

SPOKANE POLICE DEPARTMENT  
ATTN: VOLUNTEER SERVICES OFFICE  
1100 W. MALLON AV  
SPOKANE, WASHINGTON 99260-0001

IF YOU HAVE ANY QUESTIONS PLEASE CALL 509-363-8283. THANK YOU.





**EMPLOYMENT**

List below, CHRONOLOGICALLY, beginning with the present, the last five places where you were employed. Omit NONE. Use an additional piece of paper, if necessary. Give correct, full addresses. If you wish to list volunteer work, indicate the number of hours per week.

**If you were fired, provide an explanation.**

1. \_\_\_\_\_  
Name and Complete Address of Employer Telephone

\_\_\_\_\_  
Supervisor's Name From: \_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_  
MM YYYY MM YYYY

\_\_\_\_\_  
Reason for Leaving

2. \_\_\_\_\_  
Name and Complete Address of Employer Telephone

\_\_\_\_\_  
Supervisor's Name From: \_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_  
MM YYYY MM YYYY

\_\_\_\_\_  
Reason for Leaving

3. \_\_\_\_\_  
Name and Complete Address of Employer Telephone

\_\_\_\_\_  
Supervisor's Name From: \_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_  
MM YYYY MM YYYY

\_\_\_\_\_  
Reason for Leaving

4. \_\_\_\_\_  
Name and Complete Address of Employer Telephone

\_\_\_\_\_  
Supervisor's Name From: \_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_  
MM YYYY MM YYYY

\_\_\_\_\_  
Reason for Leaving

5. \_\_\_\_\_  
Name and Complete Address of Employer Telephone

\_\_\_\_\_  
Supervisor's Name From: \_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_  
MM YYYY MM YYYY

\_\_\_\_\_  
Reason for Leaving

**EDUCATION AND TRAINING**

**Circle the highest grade completed:**      GED      HS Diploma      Some College (credits \_\_\_\_\_ )

College BA/BS: \_\_\_\_\_ MAJOR: \_\_\_\_\_

College MA: \_\_\_\_\_ MAJOR: \_\_\_\_\_

College PH.D.: \_\_\_\_\_ MAJOR: \_\_\_\_\_

List any special scholastic awards or other job related skills you possess. Include any special communication skills (i.e. foreign language). **Required for Level Three (Specialist).**

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**Answers given will not necessarily bar an opportunity for acceptance.**

**ARRESTS AND CONVICTIONS**

1. Have you ever been **arrested or charged** with a crime by a police department or other law enforcement agency, either as a juvenile or an adult? If so, explain.

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2. Have you ever been **convicted** of a crime in a court of law, civilian, or military? If so, explain.

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3. Have you ever been **detained** for a criminal investigation by a police department or other law enforcement agency, either as a juvenile or an adult? If so, explain.

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4. Have you ever received a traffic citation? (Omit parking and equipment violations.) Explain each traffic citation in detail.

<u>Date</u>	<u>Type of Violation</u>	<u>Location</u>	<u>Your Age at Time</u>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

5. Have you ever been involved in a traffic accident? If yes, list date/location of each incident below.

<u>Date</u>	<u>Type of Incident</u>	<u>Location</u>	<u>Disposition (Guilty, Fine)</u>	<u>Your Age At Time</u>	<u>Police Agency Concerned</u>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

**Answers given will not necessarily bar an opportunity for acceptance.**

**MEDICAL INFORMATION**

1. Do you use intoxicants? If so, to what extent? \_\_\_\_\_  
\_\_\_\_\_

2. Are you now or have you ever been an alcoholic? \_\_\_\_\_

3. Are you now or have you ever been **addicted** to narcotic drugs, or are you an **habitual user** of hallucinogens or any form of marijuana?  
\_\_\_\_\_

4. Have you **ever tried** any illegal drugs, including marijuana, even just for experimentation? If so, when and how often?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Have you for any reason, within the last ten (10) years, been confined or been treated for any mental problems anywhere, whether civilian or military? If "Yes," give details, hospital or treatment facility, addresses, attending physicians and their addresses, and describe the nature of treatment. Please include marital and/or family counseling. A history of treatment or confinement for mental problems is not necessarily a bar to acceptance and will be evaluated strictly for job relatedness.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. What is your own assessment of your physical and mental condition?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Answers given will not necessarily bar an opportunity for acceptance.**

**AUTHORIZATION TO RELEASE INFORMATION**

I authorize you to furnish the Spokane Police Department with any and all information that you have concerning me, my work record, school records, my reputation, and my financial status, not prohibited by the Washington State Law Against Discrimination RCW 49.60. Information of a confidential or privileged nature may be included. Your reply will be used to assist the Spokane Police Department in determining my qualifications and fitness for the position I am seeking with the Spokane Police Department Citizen Volunteer Program.

I hereby release you, your organization, and others from any liability or damage which may result from furnishing the information requested.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Subscribed and sworn to before me this \_\_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public in and for the State of

NOTE: A photocopy reproduction of this request shall be for all intents and purposes as valid as the original. You may retain this form for your files.

**Citizen Volunteer Applicant:**

**Your full name:** \_\_\_\_\_

**IN CASE OF EMERGENCY CONTACT:**

**Name** \_\_\_\_\_

**Relationship** \_\_\_\_\_

**Home phone** \_\_\_\_\_ **Cell phone** \_\_\_\_\_

**Work place phone** \_\_\_\_\_

**or**

**Name** \_\_\_\_\_

**Relationship** \_\_\_\_\_

**Home phone** \_\_\_\_\_ **Cell phone** \_\_\_\_\_

**Work place phone** \_\_\_\_\_

**Blood type:** \_\_\_\_\_