

SPOKANE POLICE DEPARTMENT



SENIOR VOLUNTEER APPLICATION

**PERSONAL HISTORY FORM INSTRUCTIONS
SENIOR VOLUNTEER PROGRAM**

These forms are the basis for your background investigation. The investigation will be conducted to determine your qualifications for the Spokane Police Department Senior Volunteer Program.

All questions must be answered completely and accurately. If they do not apply to you, indicate with DNA (Does Not Apply). Falsification or failure to include information as directed may be considered just grounds for non-acceptance or dismissal.

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. 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.

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.

Return your completed application to:

**Spokane Police Department
ATTN: Volunteer Service Unit
1100 W Mallon Av
Spokane WA 99260-001**

If you have questions, please contact Sandy Alter at (509) 363-8283.

Thank you.

EDUCATIONAL BACKGROUND

High School Attended: _____ **Graduated?** YES ___ NO ___ **Year:** _____

GED: _____ **Year:** _____

College or Technical Training:

School: _____ Dates Attended: _____ Degree: _____

School: _____ Dates Attended: _____ Degree: _____

MILITARY

Branch: _____ **Date:** _____

Other Education or Training: _____

EMPLOYMENT HISTORY

Current or Most Recent Employer: _____

Address: _____

Supervisor's Name: _____ **Supervisor's Phone Number:** _____

Dates employed: _____

Position and Primary Duties: _____

Have you ever been discharged or asked to resign by any employer? YES ___ NO ___

If yes, please explain: _____

Have you ever pleaded guilty, or been convicted of a felony or misdemeanor? YES ___ NO ___

If yes, please explain: _____

Other organizations where you have VOLUNTEERED in the past 10 years:

Organization: _____ Dates: _____

Telephone number: _____

Duties: _____

Organization: _____ Dates: _____

Telephone number: _____

Duties: _____

AVAILABILITY AND TIME COMMITMENT

How much time are you willing to provide as a Spokane Police Department Volunteer ?

Regular Schedule: How many hours per week? _____ Per month? _____

Are you available year round or do you go south for the winter? _____

ACTIVITIES AND INTERESTS

The following are activities/projects SPD volunteers frequently perform. Please **circle** those that you feel you could perform and/or are interested in learning:

Information Booths

Work parades

Help with traffic monitoring or control

Vacation Home Checks

Radar Trailer for speeders

Emergency Call Outs (searches)

Work directly with the public

Telephone work

Computer / data entry

Recruit at public events

Actor for Mock Scenes with SWAT

Serve refreshments

Present Fraud Information to Seniors

Filing / basic clerical skills

Be McGruff the Crime Dog

Car Seat Checks

SOFTWARES / TECHNOLOGY I AM FAMILIAR WITH (Check all that apply):

- Microsoft Word
- Microsoft Excel
- PowerPoint
- E-mail
- Copy machine
- Other _____

SPECIAL SKILLS AND ABILITIES

Please identify any special skills, training, hobbies and/or abilities you feel may be useful to the Spokane Police Volunteers: (speak or write a foreign language; photography; proof reading, etc.)

PHYSICAL LIMITATIONS

Please let us know of any physical limitations you have so we can be aware of events you may not be able to participate in. Example: standing for long length of time; walking on rocky ground or for a long distance; being out in the sun; night driving; need to be close to a restroom, etc.

Please state briefly why you would like to be a part of the Spokane Police Volunteer Program:

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.

SENIOR 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: _____