Volunteers in Police Service Application

Application can be mailed to:

Volunteer Services Coordinator
Vancouver Police Department
P.O. Box 1995
Vancouver, WA 98668-1995

Application can be hand-delivered during regular business hours to:

Vancouver Police West Precinct
2800 NE Stapleton Rd
Vancouver WA 98661
VOLUNTEER APPLICATION

*** You must be a resident of the City of Vancouver and at least 21 years old to apply ***

INSTRUCTIONS
The information you provide in this application will be used in the background investigation to assist in determining your suitability for a volunteer position. Type or neatly print in black or blue ink. Be as complete, honest and specific as possible in your responses. All statements in your application are subject to verification. Incorrect statements may bar or remove you from consideration for a volunteer position. If the space provided is inadequate, add another page and identify additional information by description. If a question does not apply to you, write "N/A" (not applicable) in the space provided for your response. Mail the completed application to:

Volunteer Services Coordinator
Vancouver Police Department
P.O. Box 1995
Vancouver, WA 98668-1995

VOLUNTEER POSITION APPLIED FOR __________________________ DATE __________

PRINT FULL NAME ____________________________________________

OTHER NAMES USED ________________________________

ADDRESS ____________________________________________

Street City State Zip code

MAILING ADDRESS ________________________________

Street City State Zip code

TELEPHONE # ___________ ___________ SOCIAL SECURITY # ___________

Home Cell

HOW LONG LIVING AT CURRENT ADDRESS? Years _______ Months _______

IF LEASING OR RENTING, PROVIDE MGR/LANDLORD NAME AND PHONE: __________________________

LIST OTHER RESIDENCES FOR THE PAST FIVE (5) YEARS (ADDRESS, CITY, STATE):

__________________________________________

__________________________________________

E-MAIL ADDRESSES USED __________________________

DATE OF BIRTH _______ DRIVER LICENSE #____________________________ STATE ______

SPOUSE / DOMESTIC PARTNER FULL NAME ________________________________

Effective Date: JULY 2014
**VOLUNTEER INTEREST**

How did you find out about this opportunity? _______________________________________________________

Explain your interest in volunteering for the Vancouver Police Department: ________________________________

______________________________________________________________________________________________

Special skills, interests or hobbies (especially those that would apply to this position): __________________

______________________________________________________________________________________________

**CHARACTER REFERENCE**

List two close friends whom we may contact:

NAME #1 ___________________________ PHONE ___________________________________________
E-MAIL ___________________________
HOME ADDRESS ___________________________
MAILING ADDRESS ___________________________

NAME #2 ___________________________ PHONE ___________________________________________
E-MAIL ___________________________
HOME ADDRESS ___________________________
MAILING ADDRESS ___________________________

YOUR PLACE OF EMPLOYMENT ___________________________ PHONE ___________________________
List two co-workers whom we may contact:

NAME #1 ___________________________ PHONE ___________________________________________
E-MAIL ___________________________
HOME ADDRESS ___________________________
MAILING ADDRESS ___________________________

NAME #2 ___________________________ PHONE ___________________________________________
E-MAIL ___________________________
HOME ADDRESS ___________________________
MAILING ADDRESS ___________________________

Effective Date: JULY 2014
**ALCOHOL AND DRUG USE**

How would you describe your alcohol consumption? [ ] never [ ] once a month [ ] daily
Explanation: ________________________________________________________________

Have you used marijuana in the last three (3) years? [ ] yes [ ] no
If yes, please detail the frequency of use and last time used: ____________________________

Have you used illegal drugs, with the exception of marijuana, in the last 10 years? [ ] yes [ ] no
If yes, detail the types of drug(s), frequency of use, and last time used: ____________________________

**POLICE CONTACT**

Have you ever been arrested, charged, held on suspicion, detained or fingerprinted by any police, security or juvenile authority? [ ] yes [ ] no

If yes, provide the following information:

DATE ______________________________________________________________________
CHARGE _____________________________________________________________________
DETAINING OR ARRESTING AGENCY ____________________________________________
CITY _________________________ STATE: ______________ ZIP: ______________
DISPOSITION ______________________________________________________________

DATE ______________________________________________________________________
CHARGE _____________________________________________________________________
DETAINING OR ARRESTING AGENCY: __________________________________________
CITY _________________________ STATE: ______________ ZIP: ______________
DISPOSITION ______________________________________________________________

Have you ever had a criminal record expunged or vacated? [ ] yes [ ] no
DRIVING RECORD

List all vehicles owned or driven regularly by you in the last five (5) years:

1. LICENSE PLATE __________ STATE: ___ MAKE: _____________ MODEL: __________
2. LICENSE PLATE __________ STATE: ___ MAKE: _____________ MODEL: __________
3. LICENSE PLATE __________ STATE: ___ MAKE: _____________ MODEL: __________

Have you had a motor vehicle accident in the last three (3) years? [ ] yes [ ] no
If yes, provide the following information:

DATE ___________________________ DID YOU REPORT IT TO THE POLICE? [ ] yes [ ] no
LOCATION ___________________________
INVESTIGATING AGENCY ___________________________
CASE NUMBER ___________________________

DATE ___________________________ DID YOU REPORT IT TO THE POLICE? [ ] yes [ ] no
LOCATION ___________________________
INVESTIGATING AGENCY ___________________________
CASE NUMBER ___________________________

Has your driver license been suspended or revoked in the last three (3) years? [ ] yes [ ] no

TRAFFIC CITATIONS AND WARNINGS IN THE LAST THREE YEARS:

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REQUIRED SUPPLEMENTAL INFORMATION

Include these 2 required documents with your application:

[ ] copy of valid Washington Driver License
[ ] copy of valid automobile insurance
SIGNATURE PAGE

My signature affirms that I release from liability any employer, person or employee supplying reference, or information regarding my previous employment or character. I also release the City of Vancouver and the Vancouver Police Department from all liability, which may result from making an investigation of information provided in the application materials. All information on this application is true to the best of my knowledge. I understand that falsification or misrepresentation may result in disqualification from placement consideration.

I understand that I may be fingerprinted. I understand that I will not receive, and am not entitled to know, the contents of confidential reports received by the Vancouver Police Department. I further understand that these reports are privileged.

By signing below, you give consent for the Vancouver Police Department to contact references and conduct a background investigation. Failure to sign the form will disqualify you from participation in the Vancouver Police Volunteer Program. No matter how qualified you are in other respects, you cannot be selected if your truthfulness is in doubt. For this reason, you are encouraged to be open and straight forward as you respond to this questionnaire and in all dealings with the Vancouver Police Department.

____________________  ______________________
Signature                     Date

FOR OFFICE USE ONLY

Application received date: ________________________
Records request sent to CCSO date: ________________________
Records request returned date: ________________________

Effective Date: JULY 2014