

Vancouver Police Department



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

NEIGHBORHOOD ASSOC _____

DISTRICT _____

CITY OF VANCOUVER

P.O. Box 1995
Vancouver, WA 98668-1995
(360) 487-7400



POLICE DEPARTMENT

JAMES P. MCELVAIN, PH.D.
Chief of Police

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 _____

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 _____

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:

DATE	CHARGE	AGENCY	DISPOSITION

REQUIRED SUPPLEMENTAL INFORMATION

Include these 2 required documents with your application:

- copy of valid Washington Driver License
- copy of valid automobile insurance

