

Vancouver Police Department



Volunteers in Police Service Application

Please submit application to :
Jordan Macfarlane, Volunteer Program Coordinator
jordan.macfarlane@cityofvancouver.us

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

Vancouver Police East Precinct
520 SE 155th Ave
Vancouver WA 98684

CITY OF VANCOUVER

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

**POLICE DEPARTMENT**

JEFF MORI
Chief of Police

You must be a resident of the City of Vancouver to participate in NOW 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.

Email the completed application to:

OR

Mail the completed application to:

jordan.macfarlane@cityofvancouver.us

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

PERSONAL INFORMATION

VOLUNTEER POSITION APPLIED FOR _____ **APPLICATION DATE** _____

LAST NAME _____ **FIRST** _____ **MIDDLE** _____

NICKNAME _____

OTHER NAMES USED _____

HOME ADDRESS:

Street 1: _____ **Street2:** _____

City: _____ **State:** _____ **Zip code:** _____

MAILING ADDRESS:

Street 1: _____ **Street2:** _____

City: _____ **State:** _____ **Zip code:** _____

HOME PHONE: _____ **Cell:** _____ **SOCIAL SECURITY #** _____

HOW LONG LIVING AT CURRENT ADDRESS? Years _____ Months _____

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

MGR/LANDLORD: _____ PHONE: _____

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

DATES: _____ ADDRESS: _____

DATES: _____ ADDRESS: _____

DATES: _____ ADDRESS: _____

LIST ALL STATES YOU HAVE LIVED IN: _____

E-MAIL 1: _____ E-MAIL 2: _____

DATE OF BIRTH _____ DRIVER LICENSE # _____ STATE _____

SPOUSE / DOMESTIC PARTNER FULL NAME:

LAST NAME _____ FIRST _____ MIDDLE _____

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):

What other volunteer positions have you held?

Have you ever been let go from a volunteer position? Yes ___ No ___

CHARACTER REFERENCES

Personal: List two close friends whom we may contact

NAME #1 _____ PHONE _____

E-MAIL _____

HOME ADDRESS:

Street 1: _____ Street2: _____

City: _____ State: _____ Zip code: _____

NAME #2 _____ PHONE _____

E-MAIL _____

HOME ADDRESS:

Street 1: _____ Street2: _____

City: _____ State: _____ Zip code: _____

Professional: List two co-workers whom we may contact:

YOUR PLACE OF EMPLOYMENT _____ PHONE _____

NAME #1 _____ PHONE _____

E-MAIL _____

HOME ADDRESS:

Street 1: _____ Street2: _____

City: _____ State: _____ Zip code: _____

NAME #2 _____ PHONE _____

E-MAIL _____

HOME ADDRESS:

Street 1: _____ Street2: _____

City: _____ State: _____ Zip code: _____

ALCOHOL AND DRUG USE

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

Explanation: _____

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 _____

DATE _____ CHARGE _____

AGENCY _____ DISPOSITION _____

DATE _____ CHARGE _____

AGENCY _____ DISPOSITION _____

REQUIRED SUPPLEMENTAL INFORMATION

Bring these 2 required documents with you to your in-person interview:

copy of valid Washington Driver License

copy of valid automobile insurance

SIGNATURE PAGE – To be completed at the in-person interview

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: _____

Neighborhood Assoc _____ District _____

Records request send date: _____

Records request returned date: _____