



**National City Police Department
Volunteer Application**

Name: _____

Other names you have used: _____

Current Address: _____

Home Phone#: _____ Cellular#: _____

Please list any volunteer experience: _____

Education/Training/Professional Schools: _____

Volunteer Work Desired: _____

HOURS AVAILABLE	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

Current Status: Check all that apply.

- | | | | |
|----------|--------------------|-----------|------------------|
| Employed | Employed part-time | Volunteer | Senior Volunteer |
| Retired | Student | Homemaker | Other _____ |

Are you a U.S citizen? Yes No

Place of Birth (City/County/State/Country) _____

Date of birth: _____ Driver's License# _____ State: ___ Social Security# _____

Height: _____ Weight: _____ Hair color: _____ Eye color: _____

Spouse / Domestic Partner:

Name: _____ Address: _____

Phone # _____ Date of marriage/registration _____

References:

List 5 people who know you well.

Name	Address/Phone number
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

Prior Addresses for the past 5 years:	Dates:
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

Provide your vehicle information: (All vehicles registered to you and or that you drive frequently)

License Plate #	State	Year	Make	Model
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Provide your insurance information: _____ Policy # _____

Employment History:

Name of employer: _____ Dates of employment: _____

Address: _____ Phone # and name of supervisor: _____

Name of employer: _____ Dates of employment: _____

Address: _____ Phone # and name of supervisor: _____

Have you ever been disciplined at work? Yes No
(This includes written warnings, formal letters, counseling, suspensions and demotions)

If yes, please explain:

Have you ever been fired, released from probation, or asked to resign from any place of employment? Yes No

If yes, please explain:

Were you ever involved in a physical / verbal altercation with a supervisor, co-worked or customer?

Yes No

If yes, please explain:

Illegal Use of Drugs:

For the purpose of responding to the following questions, “illegal drugs” include the unauthorized or illegal use of prescription medications or over-the-counter drugs; it also includes the illegal use of any other substance for the purpose of getting “high.”

Your responses should include-but not limited to- your use of any of the following:

- Amphetamines / Methamphetamines
- Mescaline
- Barbiturates
- Morphine
- Cocaine / Crank Cocaine
- PCP / Angel Dust
- Designer drugs (Ecstasy, synthetic heroin, etc.)
- Quaaludes
- GHB
- Steroids
- Hallucinogens (Peyote, LSD, Mushrooms)
- Tetrahydrocannabinol (THC)
- Hashish / Hashish oil
- Glue / Paint
- Heroin / Opium
- Marijuana (with or without a prescription)

I have never used any drug recreationally.

I have tried or used one or more, but only under a limited circumstances (give details, drug(s) used, most recent date and circumstances):

Additional comments:

Use this space to provide for additional explanations to questions asked and or information that does not fit elsewhere on this form.

Certification:

I hereby certify that I have personally completed each page of this form and any attached supplemental page(s), and that all statements made are true and complete to the best of my knowledge and belief. I understand that any misstatement of material fact may subject me to disqualification; or, if I have been appointed, may disqualify me from continued volunteer assignments.

Signature in Full _____ Date _____