



CITY OF REDDING POLICE DEPARTMENT VOLUNTEER APPLICATION



APPLICANT INFORMATION

Please fill out completely or the application will not be processed. If any section does not apply to you, please indicate by writing "N/A." The Redding Police Department appreciates your interest in service and commends your spirit to volunteer.

Name:

Other Names (Maiden):

Address: City: State: Zip:

Previous Address City: State: Zip:
If Less than 5 Years:

Date of Birth: Place of Birth: Social Security #:

Home Phone: Cell Phone: E-Mail Address
() ()

CRIMINAL HISTORY AND DRIVING RECORD

CA Driver's License: Has your license ever been suspended or revoked:
 Yes No

If yes, please explain:

Please briefly describe any traffic citations or accident for the past two years:

Have you ever been convicted of a crime: Yes No

If yes, please explain:

EMPLOYMENT HISTORY (PAST 5 YEARS) If retired, please note "Not Applicable"

Dates Employed:	Company Name:	Occupation:
Address (City, State, Zip):		Phone No.: ()
Dates Employed:		Company Name:
Address (City, State, Zip):		Occupation:
Address (City, State, Zip):		Phone No.: ()
Dates Employed:		Company Name:
Address (City, State, Zip):		Occupation:
Address (City, State, Zip):		Phone No.: ()

EDUCATION BACKGROUND/MILITARY EXPERIENCE

Please check highest level of education completed:

- | | | |
|---|--|--|
| <input type="checkbox"/> Some High School | <input type="checkbox"/> High School Diploma | <input type="checkbox"/> Some College |
| <input type="checkbox"/> College Degree | <input type="checkbox"/> Some Graduate Study | <input type="checkbox"/> Graduate Degree |

High School Attended

College Attended:

Military Branch:

Rank:

Time Served:

Discharge Date:

REFERENCES

DO NOT USE FAMILY MEMBERS AS REFERENCES

List four (4) individuals you have known for at least five (5) years, including **complete address with zip code** and phone number.

Name:

Phone No.:

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Address:

City:

State:

Zip:

Name:

Phone No.:

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Address:

City:

State:

Zip:

Name:

Phone No.:

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Address:

City:

State:

Zip:

Name:

Phone No.:

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Address:

City:

State:

Zip:

PERSONAL INFORMATION

Tell us a little about yourself. Attach additional sheet if necessary.

What are your hobbies and interests?

Have you volunteered in the past? If so, what did you do and where?

Do you prefer an office setting or a more active role?

Why would you like to volunteer for the Redding Police Department? **THIS QUESTION MUST BE ANSWERED.**

EMERGENCY CONTACT INFORMATION

List three people to contact in case of an emergency at the business location. Please include two contact numbers if available.

Name:	Phone No.:
	()
Address (City, State, Zip):	Relationship:
Name:	Phone No.:
	()
Address (City, State, Zip):	Relationship:
Name:	Phone No.:
	()
Address (City, State, Zip):	Relationship:

TERMS & SIGNATURE

As a volunteer with the Redding Police Department, I am willing to furnish information for the use in determining my qualifications.

I understand that for security reasons, a basic background/clearance check will be conducted and I will be fingerprinted. Further background information will be requested only if a specific volunteer assignment calls for a full security check.

I understand that falsifying statements on this application or during the interview process is cause for my immediate dismissal from the Volunteer Program.

I understand that the Redding Police Department will not disclose any of my information to any outside entity without my written consent.

I understand that the Redding Police Department will not have to disclose the reason, if any, for not selecting me for the program.

In signing, I do hereby certify that all information contained in this application is correct and accurate to the best of my knowledge. I further authorize the Redding Police Department to verify criminal history and driving records as part of the background process. If accepted to perform Volunteer duties for the Redding Police Department, I understand I may be privy to confidential information and promise to respect that and maintain all that confidentiality whenever presented with it.

Signature:	Date:



**CITY OF REDDING
POLICE DEPARTMENT
VOLUNTEER APPLICATION**



AUTHORIZATION TO RELEASE INFORMATION

As an applicant for a position with the City of Redding Police Department, I am required to furnish information for use in determining my moral, physical, and mental qualifications. In this connection, I authorize release of any and all information that you may have concerning me, including information of a confidential or privileged nature.

I hereby release, discharge, and exonerate your agency, their agents, representatives, volunteers, and/or any person from any liability or damage, whether in law or in equity, now and in the future, arising out of the furnishing and/or inspection of records and/or other truthful, even though embarrassing, information.

Name of Applicant:	Social Security No:
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Any AKA:

Signature:

CERTIFICATION: I certify I have read this authorization form, understand its meaning and purpose, and have received a copy of it. I may revoke this authorization at any time by delivering, in writing, such revocation to you/your organization.

THIS RELEASE EXPIRES IN SIX MONTHS

RELEASE AND WAIVER

State of California
County of _____)

On _____, before me, _____, Notary Public, personally appeared _____, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature of Notary Public

(Notary Seal)