

VOLUNTEER APPLICATION
PERSONAL HISTORY STATEMENT

Please return by _____

Are you a graduate of the Civilian Police Academy? Yes ___ No ___ If yes When _____

PERSONAL INFORMATION

The following information is required of you for verification and contact purposes:

1. Your Name (please print in ink)

_____ , _____ , _____
Last First Middle

List other names you have used or been known by, Include legal name change, maiden names, married or adopted names or nicknames.

2. Date of birth: _____
Month Day Year

3.. Place of birth (City and State or Country): _____
U.S. citizenship is required. Proof is required showing that you are a legal resident of this country.

4. Social Security # _____

5. List the physical address of the residence where you live:

Number Street City State Zip Code

List your mailing address if different than your physical address:

6. List telephone number(s) at which you can be contacted and the hours when you will be available at these numbers:

(Home) _____

(Work) _____

(Cell Phone, Pager or Message) _____

RELATIVES, REFERENCES, ACQUAINTANCES

During the course of the background investigation, persons who know you will be asked to comment upon your suitability for volunteer work with the Department. Inquiries will be confined to job-relevant matters. Please confirm that all addresses and telephone numbers are current before submitting the application.

7. Please supply the appropriate information in the space below. If not applicable, write in "N/A."

Name of your Spouse or Partner Address(include City, State, and ZIP Code) Phone #

8. List as personal or professional references 3 individuals who have knowledge of you and your qualifications.

NAME/RELATIONSHIP	ADDRESS	TELEPHONE

9. List individuals with whom you have resided within the past 10 years.. **Exclude family members.**

NAME	ADDRESS	TELEPHONE

RESIDENCE

10. Please list all of your residences during the last 10 years. Begin with your most current residence and proceed backward. If a residence was rented, give the landlord's name, address and telephone number.. **(Attach additional sheet if necessary).**

ADDRESS OF RESIDENCE	DATE (FROM/TO)	REASON FOR LEAVING	LANDLORD INFORMATION

EDUCATION;

11. Please indicate your current status:

_____ I possess a high school diploma.

_____ I passed the G.E.D. (General Educational Development) test.

_____ I possess the following college degrees:

NAME OF COLLEGE	DEGREE	YEAR ATTAINED

12. List any educational experience within the last 15 years.

NAME OF SCHOOL	SUBJECT	LOCATION CITY AND STATE	DATES

13. List honors, awards, fellowships _____

14. Have you ever been suspended or expelled from any high school or post-secondary school? (Post-secondary schools include colleges and universities, graduate schools, business and vocational schools any formal education beyond the high school level).

YES ____ NO ____

If "YES," please explain (include school, date and circumstances): _____

17. List any foreign languages that you have learned and the extent of your proficiency:

Language _____ Proficiency: some ____ moderate ____ fluent ____
Language _____ Proficiency: some ____ moderate ____ fluent ____

EXPERIENCE AND EMPLOYMENT:

18. Are you currently employed? Yes __ No__ .

Are you Retired? Yes __ No __. When were you retired? _____

List all jobs, if any, you have held in the past 10 years. For purposes of the Personal History Statement, part-time, temporary, and voluntary work should be included. Please list all periods of unemployment in chronological sequence in the spaces provided for you between employment listings.

Should you need to list additional experience/employment information, please use an additional sheet of paper, and continue in the EXACT same format as below.

NAME & ADDRESS OF EMPLOYER: _____

_____ Telephone _____

Dates of employment: From: _____ To: _____

Full-time _____ Part-time _____ Voluntary _____ Military Service _____

Title or duties: _____

Name you were known by: _____

Name of supervisor: _____

Names of co-workers: (1) _____

(2) _____

(3) _____

Reason for leaving: _____

UNEMPLOYED FROM _____ TO _____

NAME & ADDRESS OF EMPLOYER: _____

_____ Telephone _____

Dates of employment: From: _____ To: _____

Full-time _____ Part-time _____ Voluntary _____ Military Service _____

Title or duties: _____

Name you were known by: _____

Name of supervisor: _____

Names of co-workers: (1) _____

(2) _____

(3) _____

Reason for leaving: _____

UNEMPLOYED FROM _____ TO _____

NAME & ADDRESS OF EMPLOYER: _____

_____ Telephone _____

Dates of employment: From: _____ To: _____
Full-time _____ Part-time _____ Voluntary _____ Military Service _____

Title or duties: _____

Name you were known by: _____

Name of supervisor: _____

Names of co-workers: (1) _____

(2) _____

(3) _____

Reason for leaving: _____

UNEMPLOYED FROM _____ TO _____

19. Would any problem result if your present employer was contacted during the course of the background investigation? YES ____ NO ____.

If "YES," when should such contact be made? _____

20. If you have had no prior employment, please explain here. _____

21. Have you ever been fired or asked to resign from any place of employment?

YES ____ NO ____ . If "YES," please give details to include when, name of employer and why. _____

22. Has disciplinary action ever been taken against you in any job? YES ____ NO ____ . If "YES," please give details to include when, name of employer and why. _____

MILITARY SERVICE

23. Have you ever served in the Armed Forces, National Guard or Military Reserves?

YES ____ NO ____ . If "YES," please supply the following information:

Branch of Service: _____ Service number: _____

Dates of service: From _____ to _____

Type of discharge: _____

24. Have you registered with the Selective Service? YES ____ NO ____ . If "YES," when?

25. Have you ever been the subject of any judicial or non-judicial disciplinary action while in the Military, National Guard or Military Reserves? YES ____ NO ____ . If "YES," please give details to include branch of service, when, where, circumstances, etc.

LEGAL

26. If you have ever been arrested, **taken into physical custody**, been issued a misdemeanor citation (**exclude traffic citations**), or convicted of any crime, please give the following information. (The fact that your record may have been affected by sealing, expungement, release, or pardon has specific legal implications as to how you answer this question).

DATE	AGENCY/LOCATION	CHARGE	DISPOSITION

27. As an adult, have you ever been placed on probation by any court? YES ____ NO ____ .

If "YES," please give details to include when, where, and why. _____

29. Please list any other crimes you have committed, **REGARDLESS** of whether stopped, arrested, and/or convicted, to include what, when, where, how, and why. _____

30. Are you now or have you ever been involved as a defendant in any civil court action?
YES ____ NO ____ . If "YES," please give details to include when, where, name of court and
circumstances. _____

GENERAL INFORMATION:

31. Are you now, or have you ever been a member of any foreign or domestic organization, association, movement or group of persons that is, or was, totalitarian, fascist, communist, or subversive in nature, or which has adopted or expressed a policy of advocating or approving of the commission of acts of force or violence as a means to deny other persons their rights under the Constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional means? YES ____ NO ____ . If "YES," identify the organization and explain fully. _____

32. Have you ever applied for a permit to carry a concealed firearm or other weapon?
YES ____ NO ____ . Was the permit granted? _____ Date issued _____
Name of Law Enforcement Agency _____
Purpose for permit _____

DRUG USE QUESTIONNAIRE:

33. Have you used, tried, experimented, or in any way introduced into you body by any means:

DRUG	Yes	No	Date First Used	Date Last Used	Used Once
Marijuana					
Hashish, Hashish Oil					
Cocaine					
Crack, Rock, Ice					
Barbiturates, Hypnotics or "Downers"					
Amphetamines (Cross-tops, Whites, Bennies, "Uppers")					
Methamphetamines (Speed, Crank)					
LSD or other hallucinogens					
PCP (Angel Dust, Sherm)					
Heroin or other Opiates					
Steroids					
Pharmaceutical drugs not prescribed for you					

QUESTIONNAIRE	Yes	No
Is there any other illegal drug, narcotic or controlled substance not listed above that you have introduced into your body?		
Have you introduced into your body a substance which you thought was an illegal drug and then found out that it was not?		
Have you ever injected an illegal drug into your body?		
Have you ever sold any illegal drug?		
Have you ever purchased any drug, narcotic or controlled substance other than by a doctor's prescription?		
Have you ever participated in the manufacturing, cultivation, or production of any illegal drug, narcotic or controlled substance?		
Have you ever acted as a courier by transporting any illegal drug, narcotic or controlled substance?		
Have you ever acted as a middle man, go-between, or "done a favor for a friend" by becoming involved in any illegal drug transaction?		
Have you ever told anyone where to purchase illegal drugs?		
Have you ever temporarily stored or "held" any illegal drug, narcotic, or controlled substance?		
Have you ever had illegal drugs in your possession while at work?		
Have you ever bought or sold any illegal drugs at work?		
Are any illegal drugs presently in your home or car?		

34. Explain any "YES" answer to the "Drug Use Questionnaire" in detail below, to include when, where, what kind of drug, how taken and circumstances.

OPTIONAL INFORMATION

35. List organizations, clubs, professional societies, or other associations of which you are, or have been a member (please include the name of the group, the city and state, and your present status or position in the group).

60. What are your personal hobbies? What do you like to do during leisure times? Please include any special skills or qualifications that might be useful to the Department. What would you like to volunteer for or what could you contribute to the Department?
