

**TUSTIN POLICE DEPARTMENT  
VOLUNTEER APPLICATION FORM**

Name: \_\_\_\_\_ Phone: (H) \_\_\_\_\_ Other: \_\_\_\_\_  
Address: \_\_\_\_\_ Apt #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

Other License/Certifications: \_\_\_\_\_  
Other Names you have used or been known by: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you speak a foreign language?    \_\_\_ Yes                    \_\_\_ No  
Language(s) Spoken: \_\_\_\_\_

**I. LEGAL**

If you have ever been arrested or convicted of any crime (excluding traffic citations) please give the following information:

Approx. Date	Police Agency	Circumstances
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever been placed on court probation as an adult? (give details) \_\_\_\_\_  
Has there been anything in your past, which might disqualify you from functioning within a Law Enforcement Agency? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**II. MOTOR VEHICLE OPERATION**

List all traffic citations you have received or accidents you have been involved in within the past 5 years.

Approx. Date	Police Agency	Citations/Accident Details (injury/non-injury)
_____	_____	_____
_____	_____	_____
_____	_____	_____

**\*\*California law requires that operators and owners of motor vehicles be covered by automobile liability insurance or bond or deposit of \$35,000 with the Department of Motor Vehicles. Please list the current liability insurance you have with your motor vehicles.**

Company	City	Phone	Policy Number	Exp./Date
_____	_____	_____	_____	_____

**III. REFERENCES:**

List 2 Relatives with whom you do not reside:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
How Related: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
How Related: \_\_\_\_\_

List 3 Personal References who have known you for at least 3 years.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Number of years of acquaintance: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Number of years of acquaintance: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Number of years of acquaintance: \_\_\_\_\_

Military Branch	Service Number	Dates of Service	Type of Discharge
_____	_____	_____ to _____	_____
_____	_____	_____ to _____	_____

**IV. SKILLS AND INTERESTS:**

Previous Volunteer Experience: \_\_\_\_\_  
\_\_\_\_\_

Is there a particular type of volunteer work in which you are interested? (Check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Computer input/retrieval/scanning    | <input type="checkbox"/> Creative writing, art, citizen contact |
| <input type="checkbox"/> Program Presentations/Demonstrations | <input type="checkbox"/> General Administrative Duties          |
| <input type="checkbox"/> Investigative Assistant              | <input type="checkbox"/> Typing, transcription                  |
| <input type="checkbox"/> Fingerprinting/front desk            | <input type="checkbox"/> Special Events                         |
| <input type="checkbox"/> Property & Evidence                  | <input type="checkbox"/> Field Work (Volunteers on Patrol)      |
| <input type="checkbox"/> Research, teaching, planning         | <input type="checkbox"/> Filing and purging records             |
| <input type="checkbox"/> Individual projects                  | <input type="checkbox"/> Technical (mechanical)                 |
| <input type="checkbox"/> No preference                        | <input type="checkbox"/> Other _____                            |

Do you have any special skills, areas of expertise, hobbies, community interests or clubs to which you belong that you feel would especially qualify you for a volunteer position with this agency? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**V. WORK EXPERIENCE**

Current or Most Recent Employer: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Duties: \_\_\_\_\_

**V. REQUIREMENTS**

Are there any types of persons you would not feel comfortable working with? \_\_\_\_\_

Is there any type of work that you absolutely do not want to be involved in? \_\_\_\_\_

Do you have any physical or medical disabilities that we need to be aware of so that we can make special arrangements for you in your work environment? \_\_\_\_\_

Are you willing to accept working conditions that require an adherence to the strict rules and procedures of a Law Enforcement Agency? \_\_\_\_\_ Yes \_\_\_\_\_ No

*If no, describe briefly:*

Are you willing to accept direction and evaluation from supervisors or other personnel that may be younger, with different beliefs or perhaps with less life experience than you? \_\_\_\_\_ Yes \_\_\_\_\_ No

*If no, describe briefly:*

You may be required to have a physical examination and an eye examination (provided by this agency). Are you willing to do so? \_\_\_\_\_ Yes \_\_\_\_\_ No

You may be working with restricted, sensitive or criminal information that cannot leave this department. Are you willing to accept this responsibility? \_\_\_\_\_ Yes \_\_\_\_\_ No

Because this is a Law Enforcement Agency, it is necessary that your picture and fingerprints be taken for a background investigation. Do you agree to this? \_\_\_\_\_ Yes \_\_\_\_\_ No

You may be required to take mandatory classes or training pertinent to Law Enforcement and to your position, (provided by our agency). Are you willing to do so? \_\_\_\_\_ Yes \_\_\_\_\_ No

How many hours per month do you wish to volunteer? Please list your availability (Days & hours):

*To the best of my knowledge, All the information in this application is accurate. I do understand that by completing this application, I am subject to a personal background investigation.*

*Signature*

*Date*