



Central Point Police Department
155 South Second Street • Central Point, Oregon 97502
541-664-5578 • 541-664-2705 (fax) • www.centralpointoregon.gov

"Dedicated to Service, Committed to Excellence"



**Volunteers In Police Service
APPLICATION FORM**

Please fill this application out completely or it will not be processed. If any section does not apply to you, please indicate by writing "N/A." The Central Point Police Department appreciates your interest in service to this community and commends your spirit of volunteerism.

(PLEASE PRINT)

PERSONAL INFORMATION:

| | | | | |
|---------------------------------------|------------|----------------|-------------------|----------------|
| Last Name | First Name | Middle Initial | Other Names Used: | |
| Home Address: | | City | Zip Code | Place of Birth |
| Home Phone: | | Cell Phone: | Business Phone: | |
| E-Mail Address: | | | | |
| Previous Address(es) Last Five Years: | | | | |
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |

CRIMINAL HISTORY AND DRIVING RECORD:

| | | |
|--------------------------------|---|-----------------------------|
| Drivers License Number & State | Has your license ever been suspended or revoked? | |
| | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| | Have you ever been convicted of a crime? | |
| | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

If yes to either question, please explain briefly:

| |
|-------|
| _____ |
| _____ |
| _____ |
| _____ |

NON RELATIVE REFERENCES:

References: **DO NOT** USE FAMILY MEMBERS OR RELATIVES AS REFERENCES IN THIS SECTION.
List four (4) individuals you have known for at least (4) years. (Please write name, complete address with zip code, and telephone number.)

| Name | Address | Zip | Phone# |
|------|---------|-----|--------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |

FAMILY MEMBERS/RELATIVE REFERENCES:

| | | | |
|----|--|--|--|
| 1. | | | |
| 2. | | | |
| 3. | | | |

EDUCATION BACKGROUND AND MILITARY EXPERIENCE:

(Please circle highest grade completed)

High School 10th 11th 12th College 1 2 3 4 5 6 7 8 +

High School Attended:

College or University Attended:

Military Service Branch:

Rank:

Years Served:

Date/Type Discharge:

EMPLOYMENT HISTORY: (Please fill out completely) If you're retired, list your last employer on line #1 plus indicate **"Retired"** on line #2.

Current or Last Employer:

Type of Occupation:

From Date:

To Date:

Business Address: (Including City, State, and Zip Code)

Supervisor Name & Phone:

Employment for past five (5) years **(Please include 1) business name, 2) telephone number, 3) address, 4) name of supervisor, 5) dates):**

1. _____

2. _____

3. _____

4. _____

TELL US A LITTLE ABOUT YOU:

What are your hobbies and interests?

Please list any past or present community activities, training workshops, special areas of study or research and internships you have had:

Do you prefer an inside setting or a more active field role:

[illegible]

| | | | | |
|---------------|--|-------------------------|----------------------|---------------------------|
| Where: | | Supervisor/Phone | Date From/To: | Nature of Service: |
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |

When are you available to work?

Days Available: _____

Times Available: _____

Number of Hours per Week: _____

| | |
|--|---------------------------------------|
| In case of an emergency, please notify: | |
| Name: _____ | Address: _____ |
| Relationship: _____ | |
| Contact Number(s): _____ | City _____ State _____ Zip code _____ |

TERMS AND SIGNATURE:

Please **initial** next to each box as you read and understand the content.

- ☐ _____ As a volunteer applicant with the Central Point Police Department, I am willing to furnish information for use in determining my qualifications.
- ☐ _____ I understand that for security reasons, a background/clearance/reference check will be conducted and I will be fingerprinted. These fingerprints will be on file with CJIS for the duration of my time as a volunteer.
- ☐ _____ I understand that falsifying statements on this application or during the interview process is cause for my immediate dismissal from the Volunteers in Police Service program.
- ☐ _____ I understand that the Central Point Police Department will not disclose any of my information to any outside entity without my written consent.
- ☐ _____ I understand that the Central Point Police Department will not have to disclose the reason, if any, for not being selected to 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 Central Point Police Department to verify criminal history and driving records, as well as, personal references, and employment history, as part of the background process.
- ☐ _____ If, accepted to perform volunteer duties for the Central Point Police Department, I understand I may be privy to confidential information and promise to respect and maintain that confidentiality whenever presented with it.

Signature:

Date: