Chowchilla Police Department

Volunteer Application

Return the completed application to

Chowchilla Police Department
122 Trinity Avenue
Chowchilla, CA 93610
(559) 665-8600

Attention: Volunteer Coordinator

Applicant Name: _____

Chowchilla Police Department

David Riviere, Chief of Police
122 Trinity Avenue, Chowchilla, CA 93610

VOLUNTEER APPLICATION

APPLICATION INSTRUCTIONS

1. Please answer all questions and provide enough detail to allow for full review and evaluation. Please type or print in ink, clearly.
2. Inquiry may be made of your personal **references**, former and current employers or the last school you attended regarding your performance record. Please provide the name and phone number of each supervisor on your application form.
3. Please notify the Police Department if you have a change of address, phone number, or e-mail address.
4. Incomplete information will delay your background check which in turn will delay your appointment to the Volunteer Program.

PERSONAL INFORMATION

Name: _____
(First) (Middle) (Last)

Previous Names (If Applicable): _____

Address: _____
(Street) (City) (State) (Zip)

Phone No(s): Home_____ Work:_____ Cell: _____

Date of Birth: _____ California Driver's License No: _____

E-Mail Address: _____

LIST PRIOR RESIDENCE(S) FOR THE LAST FIVE YEARS

1. _____
(Street) (City) (State) (Zip) (Month/Year to Month/Year)

2. _____
(Street) (City) (State) (Zip) (Month/Year to Month/Year)

3. _____
(Street) (City) (State) (Zip) (Month/Year to Month/Year)

4. _____
(Street) (City) (State) (Zip) (Month/Year to Month/Year)

5. _____
(Street) (City) (State) (Zip) (Month/Year to Month/Year)

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EMPLOYMENT HISTORY

List all employers for the past ten years (most recent to older). Provide enough information for adequate evaluation of your work experience and abilities. Attach additional pages if needed.

1. _____ _____
Company Name Complete Address

_____ _____
Telephone Number Start Date End Date

_____
Title Summarize Duties

2. _____ _____
Company Name Complete Address

_____
Telephone Number Start Date End Date

_____
Title Summarize Duties

3. _____ _____
Company Name Complete Address

_____
Telephone Number Start Date End Date

_____
Title Summarize Duties

LANGUAGES

Are you bilingual? Yes: ☐ No: ☐ Spoken: ☐ Read: ☐

If yes, what language(s) do you know?

_____ ☐ Fair ☐ Good ☐ Excellent
Language Proficiency (check one)

_____ ☐ Fair ☐ Good ☐ Excellent
Language Proficiency (check one)

_____ ☐ Fair ☐ Good ☐ Excellent
Language Proficiency (check one)

CONVICTIONS

As an adult, have you ever been convicted of an offense other than a minor traffic violation?

Yes: ☐ No: ☐ If yes, give the date and nature of the offense. *(Convictions are evaluated and are not necessarily disqualifying)*: _____

_____

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ADDITIONAL INFORMATION
Education and Training (List highest level of education and any specialized training you have attained):

_____

_____

Hobbies/Interests: _____

_____

Special Skills: _____

_____

Previous Volunteer Experience: _____

_____

REFERENCES
Provide names and addresses of three people, not relatives, that we may contact who have knowledge of your job skills, experience and ability. You may use past employers.

1. _____
   Name Address City State Zip Phone

2. _____
   Name Address City State Zip Phone

3. _____
   Name Address City State Zip Phone

SURVEY *(optional)*
How did you hear about the Chowchilla Police Department Volunteer Program?

☐ Newspaper ☐ Referral ☐ Social Media ☐ City Web Site

☐ Other (explain) _____

APPLICATION CERTIFICATION
I certify that statements made by me in this application are true, complete, and correct to the best of my knowledge and belief. I understand that statements made are subject to verification and that any misrepresentation, fraud, or omission of material facts may be grounds to deny acceptance into, or removal from, the volunteer program.

_____ _____
Signature Date