



Newport Police Department VOLUNTEER APPLICATION



(Print or type all information)

Date _____

Name _____
(Last) (First) (Middle)

Maiden / Other Names Used _____

Job Classification Volunteer Date of Birth _____

Home Address _____ Telephone _____

Mailing Address _____ State _____ Zip Code _____

Cell Phone _____ Email Address _____

Social Security No. _____ Drivers License No. _____ State _____

U.S. Citizen YES NO If No, citizen of which country _____
U.S. documentation number: _____

What days and times are you available to volunteer? _____

How many hours can you volunteer per week? (circle) 2 to 4 5 to 10 11 to 15 16 +

Do you speak any language other than English? NO YES If yes, which? _____

What specific skills do you possess? (circle answers) Computer Data Entry Artistic Organizational Carpentry
Other: _____

CRIMINAL HISTORY

Have you been convicted of a felony or misdemeanor in any state? NO YES Provide dates and state of occurrence.

Have you been arrested for a felony or misdemeanor in any state? NO YES If yes, attach sheet with full details.

EMPLOYMENT HISTORY

List all employment, paid or unpaid, you have had over the past ten (10) years, beginning with the most recent. Include military, full and part-time employment, periods of unemployment, and volunteer work. Attach additional sheet if necessary.

Business Name			
Address, City, State, Zip Code			Phone
From month	Year	Position Held	Supervisor
To month	Year	Duties	
Reason for Leaving Employment: Quit Fired Laid-Off Asked to Leave			
Explain:			

Business Name			
Address, City, State, Zip Code			Phone
From month	Year	Position Held	Supervisor
To month	Year	Duties	
Reason for Leaving Employment: Quit Fired Laid-Off Asked to Leave			
Explain:			

Business Name			
Address, City, State, Zip Code			Phone
From month	Year	Position Held	Supervisor
To month	Year	Duties	
Reason for Leaving Employment: Quit Fired Laid-Off Asked to Leave			
Explain:			

PERSONAL REFERENCES

List only persons you have known for at least six (6) months. DO NOT list relatives, former employers, teachers or physicians.

Name: Last/ First/ Middle	Home Address, City, State, Zip	Home Telephone
Business Name	Business Address, City, State, Zip	Business Telephone

Name: Last/ First/ Middle	Home Address, City, State, Zip	Home Telephone
Business Name	Business Address, City, State, Zip	Business Telephone

Name: Last/ First/ Middle	Home Address, City, State, Zip	Home Telephone
Business Name	Business Address, City, State, Zip	Business Telephone

DOMESTIC VIOLENCE

If you answer YES to any question below, explain in detail on separate attached sheet

Have you ever been convicted of any type of crime involving domestic violence?	(circle)	YES	NO
Have you ever committed an act of domestic violence?		YES	NO
Have you ever been involved in a child abuse or child neglect investigation of any kind?		YES	NO
Have you ever had a Protection Order sworn out against you?		YES	NO
Have you ever sworn out a Protection Order on any one else?		YES	NO

ADDITIONAL QUESTIONS

Have you used marijuana, illegal drugs, or abused prescription drugs? If yes, name the substance, the frequency of use, and period of uses on attached sheet	YES	NO
Have you ever bought, sold, distributed, manufactured or abused illegal drugs? If yes, name the substance, the frequency of use, and period when occurred	YES	NO
Since the age of sixteen (16), have you ever pilfered money or property from an employer or stolen money or property from someone else? Explain	YES	NO

CERTIFICATION STATEMENT

I hereby certify that all of the above questions have been answered to the best of my knowledge, and I understand that any intentional omission or falsification of any item may be the basis for disqualification as a volunteer.

I understand that before being accepted into this program an investigation into my criminal history, personal background, and references will be conducted. A personal interview will also be done.

Date

Signature



Newport Police Department
EMERGENCY DATA SHEET - VOLUNTEER



Date _____ Name _____
(Last, First Middle)

Job Classification Volunteer Date of Birth _____

Res. Address _____ Res. Telephone _____

City _____ State _____ ZIP _____

PERSON/S TO BE NOTIFIED IN CASE OF EMERGENCY **Primary Contact**

Name _____ Relationship _____

Res. Address _____ Telephone _____

Bus. Address _____ Telephone _____

Pager number _____ Cell Phone _____

Secondary Contact

Name _____ Relationship _____

Res. Address _____ Telephone _____

Bus. Address _____ Telephone _____

Pager number _____ Cell Phone _____

YOUR PHYSICIAN INFORMATION

Name _____

Address _____ City _____

Telephone _____ Emergency _____

Allergic to any drugs NO YES (specify) _____

Any additional information you wish to provide to help supply emergency care may be added to an attached sheet.