



Newport Police Department VOLUNTEER APPLICATION



(Print or type all information)

| APPLICANT INFORMATION | | | |
|--|------------|-------------------|-----------|
| Last Name | First | Middle | |
| Street Address | | Apartment/Unit # | |
| Mailing | City | State ZIP | |
| Home Phone | Cell Phone | Date of Birth | |
| Driver License/ID # | | State | |
| Email Address | | Social Security # | |
| Height | Weight | Hair Color | Eye Color |
| Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| Have you ever been convicted of a crime? YES <input type="checkbox"/> NO <input type="checkbox"/> | | If yes, explain | |
| Do you speak any language other than English? YES <input type="checkbox"/> NO <input type="checkbox"/> | | If yes, explain | |
| What specific skills do you possess? COMPUTER <input type="checkbox"/> DATA ENTRY <input type="checkbox"/> ARTISTIC <input type="checkbox"/> ORGANIZATIONAL <input type="checkbox"/> | | | |
| CARPENTRY <input type="checkbox"/> OTHER <input type="checkbox"/> (Explain) | | | |
| 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 + | | | |
| EDUCATION | | | |
| High School | | Address | |
| Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> | | Degree | |
| College | | Address | |
| Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> | | Degree | |
| Other | | Address | |
| Did you complete certification? YES <input type="checkbox"/> NO <input type="checkbox"/> | | Certificate | |
| PERSONAL REFERENCES | | | |
| <i>List only persons you have known for more than six (6) months. DO NOT list relatives or former employers.</i> | | | |
| Full Name | | Address | |
| City, State, Zip | | Phone () | |
| Full Name | | Address | |
| City, State, Zip | | Phone () | |
| Full Name | | Address | |
| City, State, Zip | | Phone () | |

| EMPLOYMENT HISTORY | | | | | | | | | |
|---|----|--|--|--------------------|--------------|--|--|--|--|
| Company | | | | | Phone () | | | | |
| Address | | | | | Supervisor | | | | |
| Job Title | | | | Responsibilities | | | | | |
| From | To | | | Reason for Leaving | | | | | |
| Company | | | | | Phone () | | | | |
| Address | | | | | Supervisor | | | | |
| Job Title | | | | Responsibilities | | | | | |
| From | To | | | Reason for Leaving | | | | | |
| Company | | | | | Phone () | | | | |
| Address | | | | | Supervisor | | | | |
| Job Title | | | | Responsibilities | | | | | |
| From | To | | | Reason for Leaving | | | | | |
| Company | | | | | Phone () | | | | |
| Address | | | | | Supervisor | | | | |
| Job Title | | | | Responsibilities | | | | | |
| From | To | | | Reason for Leaving | | | | | |
| DOMESTIC VIOLENCE | | | | | | | | | |
| <i>If you answer YES to any question below, explain in detail on separate sheet and attach.</i> | | | | | | | | | |
| Have you ever been convicted of any type of crime involving domestic violence? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | | | | | | | |
| Have you ever committed an act of domestic violence? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | | | | | | | |
| Have you ever had a Protection Order sworn out against you? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | | | | | | | |
| Have you ever sworn out a Protection Order on anyone else? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | | | | | | | |
| ADDITIONAL QUESTIONS | | | | | | | | | |
| Have you ever used marijuana, illegal drugs, or abused prescription drugs? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, name the substance, the frequency of use, and period of uses on separate sheet. | | | | | | | | | |
| Have you ever bought, sold, distributed, manufactured, or abused illegal drugs? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, name the substance, the frequency of use, and period when occurred on separate sheet. | | | | | | | | | |
| Since the age of 16, have you ever pilfered money or property from an employer, or stolen money or property from someone else? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, explain | | | | | | | | | |

| CERTIFICATION STATEMENT |
|--|
| <p>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.</p> <p>I understand that before being accepted into this program an investigation into my criminal history, personal background, reference checks, and a personal interview will be conducted.</p> <p>Signature _____ Date _____</p> |

ADDITIONAL EXPERIENCE AND SKILLS

List your prior experience working with:

- Diverse Communities Media Other Law Enforcement Other Volunteer Groups
Which groups?

- Youth & Youth Issues Interpreting Research Data

Other training received, i.e. First Aid, CPR, Computer Skills, Photography
Explain

Have you been a Volunteer:

- Reserve Officer Auxiliary Officer Firefighter Chaplain
If YES, where?

Please indicate which of the following you may assist with or are primarily interested in:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Animal Care/Rescue | <input type="checkbox"/> Bilingual Interpreter | <input type="checkbox"/> Clerical | <input type="checkbox"/> Citizen Patrol |
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Document Filing | <input type="checkbox"/> Document Scanning | <input type="checkbox"/> Ham Radio |
| <input type="checkbox"/> Disaster Response | <input type="checkbox"/> Driver/List Class | <input type="checkbox"/> Electrician | <input type="checkbox"/> Graffiti Abatement |
| <input type="checkbox"/> Neighborhood Watch | <input type="checkbox"/> Search & Rescue | <input type="checkbox"/> Speakers Bureau | <input type="checkbox"/> Vehicle Maintenance |
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Translations | <input type="checkbox"/> Photography | <input type="checkbox"/> Social Media |
| <input type="checkbox"/> Assist With Cold Case Follow-ups | | <input type="checkbox"/> Traffic Control/Monitoring/Hazards | |
| <input type="checkbox"/> Other (explain) | | | |