



LONG BEACH POLICE DEPARTMENT

**VOLUNTEER APPLICATION AND
PERSONAL HISTORY STATEMENT**

PERSONAL

Print in black ink

Your Name _____
Last First Middle

Other Names _____
Maiden names, nicknames, etc., you have used or been known by

Residence _____
Street City State Zip Code

Mailing Address (if different from residence) _____
Street, City, State, Zip Code

Home Phone _____ Hours of Contact _____ Pager _____

Work Phone _____ Hours of Contact _____ Cell Phone _____

Occupation _____

Email Address _____

*Social Security Number _____ - _____ - _____ Date of Birth _____ / _____ / _____ Your Age Now _____

Distinguishing marks (scars, tattoos, etc.) _____

Marital Status: Single Married Divorced Separated Widowed

EMERGENCY INFORMATION

NAME:		RELATIONSHIP:	
ADDRESS:			
<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
TELEPHONE #:			
<i>Home</i>	<i>Work</i>	<i>Pager/Cell</i>	

**Social Security number disclosure, in accordance with the Federal Privacy Act of 1974, is voluntary. The Social Security number will be used for identification purposes to ensure that proper records are obtained.*

NOTE: *If additional space is needed on any of the pages in this document, information can be placed on the backside of each form.*

EXPECTATIONS

What do you hope to gain from your volunteer experience with the Police Department?

Are there any particular skills you would like to develop or interests that you would like to learn more about?

Are you willing to make a one-year commitment to serve as a volunteer for the Long Beach Police Department?

- Yes No

AVAILABILITY

Indicate the days and times you would be available to volunteer:

	Morning	Afternoon	Evening
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

Additional comments: _____

Can you provide a letter from your physician stating that you are physically able to perform volunteer work?

- Yes No

IN WHAT AREAS CAN YOU ASSIST THE POLICE DEPARTMENT?

- Bi-lingual Translation
Language: _____ Speak Understand Read Write
Language: _____ Speak Understand Read Write

- Computer Software
 Word Excel Access Power Point

- Computer Graphics
 Flyers Newsletters Web Design Other _____

- Administrative/Clerical
 Typing (_____ wpm) Shorthand (_____ wpm) Read Write

- Writing Skills
 Excellent Good Fair Poor

- Special Events Community Clean-Ups

List and describe other skills that you possess: _____

PERSONAL HISTORY STATEMENT

RELATIVES

During the course of the background investigation, persons who know you will be asked to comment upon your suitability for the position for which you applied. Inquiries will be confidential.

Father's Name _____ Age _____ Occupation _____

Home Address _____
Street, City, State, Zip Code

Home Phone _____ Hours of Contact _____

Business Address _____
Street, City, State, Zip Code

Business Phone _____ Hours of Contact _____

Father-In-Law's Name _____ Age _____ Occupation _____

Home Address _____
Street, City, State, Zip Code

Home Phone _____ Hours of Contact _____

Business Address _____
Street, City, State, Zip Code

Business Phone _____ Hours of Contact _____

Mother's Name _____ Age _____ Occupation _____

Home Address _____
Street, City, State, Zip Code

Home Phone _____ Hours of Contact _____

Business Address _____
Street, City, State, Zip Code

Business Phone _____ Hours of Contact _____

Mother-In-Law's Name _____ Age _____ Occupation _____

Home Address _____
Street, City, State, Zip Code

Home Phone _____ Hours of Contact _____

Business Address _____
Street, City, State, Zip Code

Business Phone _____ Hours of Contact _____

**Spouse/
Significant Other's Name** _____ Age _____ Occupation _____

Home Address _____
Street, City, State, Zip Code

Home Phone _____ Hours of Contact _____

Business Address _____
Street, City, State, Zip Code

Business Phone _____ Hours of Contact _____

**Former Spouse/
Significant Other's Name** _____ **Age** _____ **Occupation** _____

Home Address _____
Street, City, State, Zip Code

Home Phone _____ **Hours of Contact** _____

Business Address _____
Street, City, State, Zip Code

Business Phone _____ **Hours of Contact** _____

CHILDREN

Do you have any natural children? Yes No

Do you have any adopted children? Yes No

Do you have any stepchildren? Yes No

Do you have any foster children? Yes No

Child's Name _____ Boy Girl **Age** _____

Natural Adopted Step Foster

Home Address _____
Street, City, State, Zip Code

Home Phone _____ **Hours of Contact** _____

Business Address _____
Street, City, State, Zip Code

Business Phone _____ **Hours of Contact** _____

Child's Name _____ Boy Girl **Age** _____

Natural Adopted Step Foster

Home Address _____
Street, City, State, Zip Code

Home Phone _____ **Hours of Contact** _____

Business Address _____
Street, City, State, Zip Code

Business Phone _____ **Hours of Contact** _____

Child's Name _____ Boy Girl **Age** _____

Natural Adopted Step Foster

Home Address _____
Street, City, State, Zip Code

Home Phone _____ **Hours of Contact** _____

Business Address _____
Street, City, State, Zip Code

Business Phone _____ **Hours of Contact** _____

REFERENCES

During the course of the background investigation, persons who know you will be asked to comment upon your suitability for the position for which you applied. List three individuals who have knowledge of you and your qualifications. Exclude relatives and former employers.

Name _____ Age _____ Years known _____ Occupation _____
Home Address _____
Street, City, State, Zip Code
Home Phone _____ Hours of Contact _____
Business Address _____
Street, City, State, Zip Code
Business Phone _____ Hours of Contact _____

Name _____ Age _____ Years known _____ Occupation _____
Home Address _____
Street, City, State, Zip Code
Home Phone _____ Hours of Contact _____
Business Address _____
Street, City, State, Zip Code
Business Phone _____ Hours of Contact _____

Name _____ Age _____ Years known _____ Occupation _____
Home Address _____
Street, City, State, Zip Code
Home Phone _____ Hours of Contact _____
Business Address _____
Street, City, State, Zip Code
Business Phone _____ Hours of Contact _____

NEIGHBORS

List two of your neighbors currently living in your neighborhood.

Name _____ Age _____ Occupation _____ Years Known _____
Home address _____
Street, City, State, Zip Code
Home Phone _____ Business Phone _____

Name _____ Age _____ Occupation _____ Years Known _____
Home address _____
Street, City, State, Zip Code
Home Phone _____ Business Phone _____

EDUCATION

High School

Name of School _____ Dates attended _____ to _____

Address of School _____
Street, City, State, Zip Code

Did you graduate? Yes No Diploma/GED Received? Yes No

Community College/Technical School

Name of School _____ Dates attended _____ to _____

Address of School _____
Street, City, State, Zip Code

Did you graduate? Yes No Diploma/Certificate Received? Yes No

University

Name of School _____ Dates attended _____ to _____

Address of School _____
Street, City, State, Zip Code

Did you graduate? Yes No Diploma Received? Yes No

DRIVER'S LICENSE/VEHICLE INFORMATION

DRIVER'S LICENSE #:	STATE:		
VEHICLE LICENSE PLATE #:	MAKE:	MODEL:	YEAR:
INSURANCE CARRIER:		POLICY #:	

LEGAL

You **must** be a citizen of the United States or a permanent resident alien.

Are you: A United States citizen? A permanent resident alien?

Can you provide documentation? Yes No

Prior Nationality? Yes No If yes, what was nationality? _____

Have you ever been convicted of a felony? Yes No

Have you ever been convicted of a misdemeanor? * Yes No

Do you have any pending criminal action? Yes No

If you answered yes to any of the above three questions, please explain (if more space is needed, please include an attachment): _____

* A misdemeanor conviction will not necessarily disqualify you from volunteer service

EMPLOYMENT

Beginning with your most current employment, please list all jobs (including part-time, temporary military, and voluntary positions) you have held in the past five years. (For the purpose of this personal history statement, volunteer work should be included as employment.) For identification and verification, indicate the nature of the activity; i.e., full-time, part-time, or voluntary.

Dates of employment: from _____ to _____ Job Title: _____

Name of Company _____ Phone _____

Business Address _____
Street, City, State, Zip Code

Full-time Part-time Voluntary Salary _____ How long? _____ Years _____ Months

Job Duties _____

Supervisor _____ Daytime Phone _____

Co-workers _____ Daytime Phone _____

Dates of employment: from _____ to _____ Job Title: _____

Name of Company _____ Phone _____

Business Address _____
Street, City, State, Zip Code

Full-time Part-time Voluntary Salary _____ How long? _____ Years _____ Months

Job Duties _____

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Name of Company _____ Phone _____
Business Address _____

Street, City, State, Zip Code

Full-time Part-time Voluntary Salary _____ How long? _____ Years _____ Months

Job Duties _____

Supervisor _____ Daytime Phone _____

Co-workers _____ Daytime Phone _____

DO NOT FORGET TO SIGN THIS DOCUMENT

I understand that the information on this document is subject to verification, and a background investigation will be completed to ensure that I am a suitable candidate to be a volunteer for the Long Beach Police Department. Should any false or derogatory information be found, I could be disqualified from participation as a volunteer for the Long Beach Police Department.

Signature in full _____ Date Completed _____