

**CITY OF WEED POLICE DEPARTMENT  
VOLUNTEER APPLICATION**

P.O. Box 470  
Weed, CA 96094 - (530) 938-5000

**PERSONAL INFORMATION**

NAME: _____	DATE: _____
ADDRESS: _____	CITY: _____ ZIP CODE: _____
HOME PHONE: _____	WORK PHONE: _____
DATE OF BIRTH: _____	SOCIAL SECURITY #: _____ DO YOU DRIVE? _____
DRIVER'S LICENSE #: _____	PRESENTLY EMPLOYED? _____ HOURS PER WEEK: _____

**AREAS OF INTEREST: (CHECK ALL THAT APPLY)**

<input type="checkbox"/> DISPATCH/CALL TAKER	<input type="checkbox"/> WORKING WITH SENIORS
<input type="checkbox"/> RECORDS KEEPING	<input type="checkbox"/> WORKING WITH YOUTH
<input type="checkbox"/> TRAFFIC ENFORCEMENT	<input type="checkbox"/> WORKING OUTSIDE
<input type="checkbox"/> INVESTIGATIONS	<input type="checkbox"/> PARKING ENFORCEMENT
<input type="checkbox"/> PATROL	<input type="checkbox"/> VACATION HOUSE CHECKS
<input type="checkbox"/> CLERICAL/OFFICE	<input type="checkbox"/> DATA ENTRY/EVIDENCE
OTHER: _____	
IN LIGHT OF THE REQUIREMENTS OF THE POSITION(S) YOU ARE INTERESTED IN, DO YOU HAVE ANY MEDICAL CONDITION(S), WHICH WOULD PREVENT YOU FROM PERFORMING THE DUTIES OF THE VOLUNTEER POSITION, OR ANY CONDITION THAT WE SHOULD BE AWARE OF IN AN EMERGENCY? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, PLEASE EXPLAIN: _____ _____	
EMERGENCY CONTACT NAME: _____ PHONE NUMBER: _____	
PHYSICIAN NAME (OPTIONAL): _____ PHONE NUMBER: _____	

**TIME COMMITMENT/PREFERENCES**

ARE YOU ABLE TO COMPLETE A 6 TO 12 MONTH COMMITMENT? YES <input type="checkbox"/> NO <input type="checkbox"/>
ARE YOU ABLE TO FULFILL THE REQUIRED 16 (MINIMUM) HOURS PER MONTH? YES <input type="checkbox"/> NO <input type="checkbox"/>
PLEASE INDICATE THE DAY(S) AND TIME OF DAY YOU ARE AVAILABLE: SUNDAY _____
MONDAY _____ TUESDAY _____ WEDNESDAY _____
THURSDAY _____ FRIDAY _____ SATURDAY _____

**REFERENCES**

PLEASE LIST THREE PERSONS ACQUAINTED WITH YOUR CAPABILITIES – **DO NOT LIST RELATIVES**

_____ NAME	_____ COMPLETE ADDRESS	_____ DAYTIME TELEPHONE
_____ NAME	_____ COMPLETE ADDRESS	_____ DAYTIME TELEPHONE
_____ NAME	_____ COMPLETE ADDRESS	_____ DAYTIME TELEPHONE

**EMPLOYMENT AND/OR VOLUNTEER EXPERIENCE – LIST LAST THREE EMPLOYERS**

_____ EMPLOYER NAME	_____ SUPERVISOR	
_____ COMPLETE EMPLOYER ADDRESS	_____ TELEPHONE NUMBER	
_____ FROM	_____ To	_____ TITLE
_____ EMPLOYER NAME	_____ SUPERVISOR	
_____ COMPLETE EMPLOYER ADDRESS	_____ TELEPHONE NUMBER	
_____ FROM	_____ To	_____ TITLE
_____ EMPLOYER NAME	_____ SUPERVISOR	
_____ COMPLETE EMPLOYER ADDRESS	_____ TELEPHONE NUMBER	
_____ FROM	_____ To	_____ TITLE

**EDUCATION**

SCHOOL NAME	DEGREE/DIPLOMA	MAJOR/TOPIC
HIGH SCHOOL: _____		
COLLEGE: _____		
UNIVERSITY: _____		
TECHNICAL SCHOOL: _____		
PLEASE LIST ANY ADDITIONAL INFORMATION, SPECIAL SKILLS OR INTERESTS THAT WILL ASSIST IN VOLUNTEER PLACEMENT: _____		
_____		
_____		

I UNDERSTAND THAT A VOLUNTEER POSITION REQUIRES CHECKING REFERENCES, A DMV CHECK, AND/OR A LAW ENFORCEMENT BACKGROUND INVESTIGATION. I HEREBY AUTHORIZE ANY AND ALL SUCH BACKGROUND CHECKS. AS A VOLUNTEER FOR THE CITY OF WEED, I UNDERSTAND THAT I WILL NOT RECEIVE ANY COMPENSATION FOR THE TIME I CONTRIBUTE AND THAT MY VOLUNTEER WORK DOES NOT GUARANTEED ME A PAID POSITION WITH THE CITY OF WEED. I CERTIFY THAT ALL STATEMENTS MADE ON THIS REGISTRATION FORM OR ON SUPPLEMENTARY MATERIALS ARE TRUE AND CORRECT AND I AUTHORIZE THE CITY OF WEED TO INVESTIGATE THE ACCURACY OF THIS INFORMATION FROM ANY PERSON(S) OR ORGANIZATION(S). I ACKNOWLEDGE THAT VOLUNTEER SERVICE IS AN "AT-WILL" RELATIONSHIP TO THE CITY AND THAT I CAN BE REFUSED PLACEMENT OR IMMEDIATELY DISMISSED AT ANY TIME, WITHOUT CAUSE, DURING MY VOLUNTEER SERVICE.

\_\_\_\_\_  
APPLICANT SIGNATURE \_\_\_\_\_  
DATE

**DEPARTMENT USE ONLY**

DATE RECEIVED: _____	TIME RECEIVED: _____	RECEIVED BY: _____
VOLUNTEER APPOINTED: _____	DATE: _____	
VOLUNTEER DENIED: _____	DATE: _____	
VOLUNTEER SERVED	FROM: _____	TO: _____