



# COEUR D'ALENE POLICE DEPARTMENT



## USE OF FORCE REVIEW BOARD VOLUNTEER APPLICATION



## POLICE DEPARTMENT

3818 SCHREIBER WAY  
COEUR D'ALENE, IDAHO 83815  
208/769-2321 – FAX 208/769-2307  
[www.coeurdaleneidaho.org](http://www.coeurdaleneidaho.org)

**The following instructions are furnished as a guide to assist you in filling out the Personal History Form. These forms, which you are required to fill out, must be complete and detailed in all respects. It is the basis for your background investigation which will be conducted to determine your qualifications for the Coeur d'Alene Police Department Volunteer Service Program.**

- 1) All questions must be answered completely and accurately. If they do not apply to you, indicate with DNA. Falsification or failure to include information as directed may be considered just grounds for non-acceptance or dismissal if already accepted. Avoid errors by reading the directions carefully before making any entries on the form.
- 2) You are responsible for obtaining correct addresses. If you are not sure of an address, check it either by personal verification or by personal correspondence.
- 3) This form has been designed to encourage rather than discourage applicants for the Coeur d'Alene Police Department's Volunteer Service Program. It has been designed to allow you to present your qualifications in the most positive manner. Any information which might be detrimental can and should be explained so that the persons reviewing your application can more adequately understand your position.

**Remember, every item will be checked and must be verified.**

**This inquiry is not a guarantee of acceptance. All requirements for acceptance, including a satisfactory background investigation must be met before actual appointment.**

**The information you provide on these pages is to be typewritten, printed, or handwritten legibly with ink.**

**PLEASE RETURN THIS FORM NO LATER THAN**

**INCLUDE WITH THIS APPLICATION THE FOLLOWING:**

1. Copy of either **Driver's License** \_\_\_\_\_  
**- or -**  
**Birth Certificate** \_\_\_\_\_
2. Recent photo \_\_\_\_\_

## VOLUNTEER APPLICATION FOR USE OF FORCE REVIEW BOARD

Name \_\_\_\_\_  
Last First Middle

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

By what other names have you been known? (Aliases, nicknames, maiden name, etc.) \_\_\_\_\_

Street Address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Previous addresses where you have lived for the past 5 years

From	To	Address	City	State

### EMPLOYMENT

Current Employment \_\_\_\_\_ Position \_\_\_\_\_

Street Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Past Employment

From	To	Employer & Address	Position	Reason for Leaving

## EXPERIENCE

List any training, knowledge, abilities and/or interests, which you feel, may be helpful as a review board member

\_\_\_\_\_  
\_\_\_\_\_

List any languages you speak other than English \_\_\_\_\_

Highest education level achieved \_\_\_\_\_

Past volunteer experiences \_\_\_\_\_

\_\_\_\_\_

What hours would you be available to volunteer on a review board?   Days      Evenings      Weekend  
Anytime

Volunteer position you are applying for \_\_\_\_\_

How did you hear about the Use of Force Review Board at our agency?   Newspaper, friend, etc.

\_\_\_\_\_

Have you ever been convicted of a crime?   Yes   No   If yes, please explain

\_\_\_\_\_  
\_\_\_\_\_

Have you experienced drug and/or alcohol abuse?   Yes   No   If yes, please explain

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

## HEALTH

What is your assessment of your physical and mental condition?

\_\_\_\_\_  
\_\_\_\_\_

Are you currently using any narcotic drugs?   Yes   No   If yes, please explain

\_\_\_\_\_  
\_\_\_\_\_

## REFERENCES

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Street Address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

**NOTE:**

**A photocopy reproduction of this request shall be for all intents and purposes as valid as the original.  
You may retain this form in your files.**