

COEUR D'ALENE POLICE DEPARTMENT



VOLUNTEER APPLICATION

Contact: Volunteer Coordinator Terry Drube

(208) 769-2320, tdrube@cdaid.org

Coeur d'Alene Police Department

VOLUNTEER APPLICATION

Name _____
Last First Middle

Social Security # _____ Date of Birth (MM/DD/YYYY) _____

ARE YOU A US CITIZEN: ☐ YES ☐ NO

(Aliases, nicknames, maiden name, etc. that you have used in the past)

Current street address _____ Apt # _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email: _____

Previous addresses where you have lived if less than (5) years at current address.

From	To	Address	City	State

ARE YOU EMPLOYED OR RETIRED? _____

If you are currently employed, please complete the following

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 volunteer.

List any languages you speak other than English _____

Do you have any military experience? ☐ YES ☐ NO: If yes, which branch: _____

Past volunteer experiences _____

What hours would you be available to volunteer? ☐ Days ☐ Evenings ☐ Weekend ☐ Anytime

Volunteer position(s) which you are interested in applying for:

- ☐ COPS PROGRAM (May include COPS ACADEMY, depending on pre skill set)
- ☐ CHAPLAIN PROGRAM
- ☐ PARK SAFETY BUILDING (INDEPENDENCE POINT) SUMMER MONTHS, SPECIAL EVENTS

How did you hear about volunteer opportunities at our agency? Newspaper, friend etc.

Have you ever been convicted of a crime? ☐ YES ☐ NO: If yes please explain and note if felony or misdemeanor: _____

Have you experienced drug and/or alcohol abuse? ☐ YES ☐ NO: If yes, please explain

HEALTH

If you would like to request a reasonable accommodation for the recruitment process or while executing the volunteer duties due to a disability, please note below.

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 _____

Name _____ Relationship _____

Street Address _____ Apt # _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

WAIVER & AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:

I authorize you to furnish the City of Coeur d'Alene Police Department with any and all information that you may have concerning me, my work record, my reputation, my medical records, my military service records and financial status. Information of a confidential or privileged nature may be included. Your reply will be used to assist the Police Department in determining my qualifications and fitness for the position I am seeking with the Department.

I understand my rights under Title V, United States Code S552A the Privacy Act of 1974, and waive those rights with the understanding that information furnished will be used by the City of Coeur d'Alene Police Department in conjunction with employment procedures.

I hereby release you, your organization and others from any liability or damage, which may result from furnishing the information requested. I further agree that any information obtained as part of this background investigation shall not be released to any person including myself without approval of the City of Coeur d'Alene.

Signature

Date