



Last Name:	First Name:_		
Middle Name:	Maiden Name	: <u> </u>	
Email:			
Personal information:			
SSN:	DOB:	Age:	
Ethnicity:	D.L. #:	Gender:	
Height: Hair	:	Eyes:	
Languages Speak/Read Write:			
Alias:			
Last Name:	First Name:_		
Middle Name:			
General Availability			
Sun Mon Tue Wed Ti	hurs Fri Sat	Sun	
Morning:			
Afternoon:			
Weekend:			
Home Address:			
Street:			
City:	State: Zip:		





Phone Numbers:				
Home:		Mobile:		
<b>Emergency Contacts:</b>				
Name:		Relationship:		
Address:		Home Phone:		
Mobile Phone:				
Education (highest level):				
School:		Location:		
Degree:	Major:		Last Attended:	
Any special training:				





Name:
Fingerprints will be taken for personal identification in connection with application for
VOLUNTEER.
Place of Birth:
Occupation:
Marital Status: Single Married Separated Divorced Widowed Spouse's name:
Please describe your hobbies, interest, talents, skills, and work experience. (Attach additional sheets or resume if necessary).





List all traffic citations you have received in the last 3 years:
Have you ever been arrested? Yes No No If yes, list the name of the arresting agency, date, and charges for which you were arrested. (Attach additional sheet it necessary.





<b>Medical Information:</b>	
Name:	Date:
Physician's Name:	
Address:	City: Zip:
Your blood type: Unknown	
Do you have heart trouble? YesNo	
If yes, explain:	
Are you a diabetic? Yes No No	
Do you have any other medical problem(s) of v	which we should be aware?
Is your emergency contact the same person listed If no, who do we contact?	ed on your application? Yes:No:
Name:	Relationship:
Address:	Home Phone:
Mobile Phone:	
Your Insurance Company:	
Group Insurance #:	
Hospital Preference (name):	
Address:	City: Zip:





**References:** List five references who have knowledge of you and your qualifications.

Name	Residence Address	Work Address	Contact Numbers
Ivaille			
	Street:	Street:	Home: ( ) -
	City:	City:	Work: ( ) -
	State: Zip:	State: Zip:	Ext.
Name	Residence Address	Work Address	Contact Numbers
	Street:	Street:	Home: ( ) F -
	City:	City:	Work: ( ) -
	State: Zip:	State: Zip:	Ext.
Name	Residence Address	Work Address	Contact Numbers
	Street:	Street:	Home: ( ) -
	City:	City:	Work: ( ) -
	State: Zip:	State: Zip:	Ext.
Name	Residence Address	Work Address	Contact Numbers
	Street:	Street:	Home: ( ) -
	City:	City:	Work: ( ) -
	State: Zip:	State: Zip:	Ext.
Name	Residence Address	Work Address	Contact Numbers
	Street:	Street:	Home: ( ) -
	City:	City:	Work: ( ) -
	State: Zip:	State: Zip:	Ext.
Military Ermanian as			

#### **Military Experience:**

If you are male and born before March 29, 1957 or	Selective Service Number:		
of the United States, or you were a resident of the U	inited States on your 18" birthday,		
provide your selective service number.			
Have you ever served in one of the following? If ye		n.	
Armed Forces National Guard Military Reserves			
Branch of Service	Dates of Service	Type of Discharge	
	From To	•	
Current Status:			
Are you currently participating in one of the following?  Military Reserve  National Guard			
Have you ever been the subject of any judicial or non-judicial disciplinary action?			
Yes No If yes, give details below.			
Approximate Date	Branch of Service		
Explain Circumstances			





Employment History:
Beginning with your most current, list the past three jobs you have had, including part-time, temporary, and volunteer positions.

		T	ı		1
1. From	То	Name of Company	Phone		Current Supervisor
			( )	-	
		Street Address			Co-workers
Full Time	Part Time	Street Address			(1)
		City	State	Zip	(2)
Temp.	Volunteer				
Duties/Assignments					Reason for leaving:
Duties/14551gmments					Reason for leaving.
2.5	T	N CC	DI		G + G :
2. From	То	Name of Company	Phone		Current Supervisor
	<u> </u>		( )	-	
		Street Address			Co-workers
Full Time	Part Time				(1)
		City	State	Zip	(2)
Temp.	Volunteer	City	State	Zip	
Duties/Assignments					Reason for leaving:
3. From	То	Name of Company	Phone		Current Supervisor
			( )	-	
		Street Address	` ′		Co-workers
Full Time	Part Time	Street Hadress			(1)
				T	
		City	State	Zip	(2)
Temp.	Volunteer				
Duties/Assignments					Reason for leaving:
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In what job classification do you feel you would be of most assistance as a Civilian Volunteer?			
	IMPORTANT NOTICE		
•	either verbal or written, may cause your name to be lunteer service, or be cause for immediate dismissal if an		
I hereby authorize the Covina, Police prior to my acceptance as a Civilian	ce Department to initiate a record and/or background check a Volunteer.		
Signature:	Date:		
Witness:	Date:		
Volunteer Coordinator			
Cianatura	Dotos		