



Covina Police Department
Volunteer Application

Last Name: _____ **First Name:** _____

Middle Name: _____ **Maiden Name:** _____

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 Thurs Fri Sat Sun

Morning: _____

Afternoon: _____

Weekend: _____

Home Address:

Street: _____

City: _____ State: _____ Zip: _____



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Phone Numbers:

Home: _____ Mobile: _____

Emergency Contacts:

Name: _____ Relationship: _____

Address: _____ Home Phone: _____

Mobile Phone: _____

Education (highest level):

School: _____ Location: _____

Degree: _____ Major: _____ Last Attended: _____

Any special training:



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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).



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List all traffic citations you have received in the last 3 years:

Have you ever been arrested? Yes No If yes, list the name of the arresting agency, date, and charges for which you were arrested. (Attach additional sheet if necessary.)



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Medical Information:

Name: _____ Date: _____

Physician's Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Your blood type: _____ Unknown _____

Do you have heart trouble? Yes No

If yes, explain: _____

Are you a diabetic? Yes No

Do you have any other medical problem(s) of which we should be aware? _____

Is your emergency contact the same person listed on your application? Yes: No:

If no, who do we contact?

Name: _____ Relationship: _____

Address: _____ Home Phone: _____

Mobile Phone: _____

Your Insurance Company: _____

Group Insurance #: _____

Hospital Preference (name): _____

Address: _____ City: _____ Zip: _____



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Employment History:

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

1. From	To	Name of Company	Phone () -		Current Supervisor
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		Street Address			Co-workers (1)
<input type="checkbox"/> Temp. <input type="checkbox"/> Volunteer		City	State	Zip	(2)
Duties/Assignments					Reason for leaving:
2. From	To	Name of Company	Phone () -		Current Supervisor
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		Street Address			Co-workers (1)
<input type="checkbox"/> Temp. <input type="checkbox"/> Volunteer		City	State	Zip	(2)
Duties/Assignments					Reason for leaving:
3. From	To	Name of Company	Phone () -		Current Supervisor
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		Street Address			Co-workers (1)
<input type="checkbox"/> Temp. <input type="checkbox"/> Volunteer		City	State	Zip	(2)
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

Any false or misleading statement, either verbal or written, may cause your name to be removed from consideration for volunteer service, or be cause for immediate dismissal if an appointment is/was made.

I hereby authorize the Covina, Police Department to initiate a record and/or background check prior to my acceptance as a Civilian Volunteer.

Signature: _____ **Date:** _____

Witness: _____ **Date:** _____

Volunteer Coordinator

Signature: _____ **Date:** _____