



VOLUNTEER APPLICATION
ORANGE POLICE DEPARTMENT
1107 N. Batavia Street
Orange, CA 92867-5584
(714) 744-7328 Fax: (714) 744-7321

FOR PERSONNEL USE ONLY

Accepted _____ Rejected _____
Reviewed By: _____
Date: _____

The Orange Police Department is an Equal Opportunity - Affirmative Action Employer. We encourage all persons to file applications with us and we do not discriminate on the basis of race, color, religion, age, sex, national origin, veteran status, mental or physical disability.

Print your full name _____
(Last) (First) (Middle) (Maiden)

Address _____
(Number) (Street) (Apt. No.)

(City) (State) (Zip Code)

Telephone _____
(Home) (Work)

Social Security No. _____ E-Mail _____

NOTE: Approval of Applicant is contingent upon the successful completion of a background process which includes a police records and work history check and a drug screen.

Have you ever been convicted of a misdemeanor or felony by a court of law or a military tribunal since your 18th birthday? Yes _____ No _____

If yes, give details below. Employability will depend upon the nature of the offense, the job in question, and the conduct of the applicant since the offense was committed.

For background purposes, please complete the following:

Valid Driver's License: YES NO

Class _____ State _____

License Number: _____

Expiration Date _____

Authorization is given to view DMV records: YES NO _____
(initial)

Can you, upon acceptance, submit verification of your right to work in the United States?

YES _____ NO _____

Note: Such proof is required upon acceptance.

Date	City & State	Offense	Penalty or Disposition

EDUCATION:

Circle Highest Grade Completed
9 10 11 12 13 14 15 16 +

Name and Location of School

Did you graduate
from high school?
Yes ___ No ___

Do you have a
GED certificate?
Yes ___ No ___

College or University	Major	Units	When Completed	Degree(s) Received or Expected

Have you ever worked or attended school under a different name? Yes ___ No ___ If yes, give name(s) and dates used. _____

Professional Licenses or Certificates: _____

Do you speak, read or write any language other than English? If so, please list: _____

Other Job Related Training: _____

Please describe any physical defects or disabilities, including extent of defective vision, if any, without glasses, and deficiencies in color vision and hearing: _____

Employer or Former Employer: _____
(Name) (Department) (Supervisor)

Employer's Address: _____
(Street) (City) (State) (Zip Code)

Employer's Phone No.: _____ May we contact your present employer? _____

LIST THREE (3) PERSONAL REFERENCES WHO HAVE KNOWN YOU AT LEAST ONE YEAR:

Name: _____ Address: _____

Telephone Number: _____ Number of Years of Acquaintance: _____

Name: _____ Address: _____

Telephone Number: _____ Number of Years of Acquaintance: _____

Name: _____ Address: _____

Telephone Number: _____ Number of Years of Acquaintance: _____

AVAILABILITY:

What days of the week are you available to volunteer? _____

What time on these days could you be available for volunteer services at OPD? _____

In what work areas do you wish to have your services utilized? _____

Briefly explain why you have offered to do volunteer work: _____

Please describe any relevant volunteer service or paid employment you may have had: _____

Special skills or interests you might wish to share: _____

OTHER VOLUNTEER SERVICES:

Where?	When?	How long?	Nature of service?

I hereby certify that all statements made in this application are true and complete to the best of my knowledge and belief. I understand that false or misleading statements or missing information is cause for rejection of application, removal of name from eligible list, or dismissal from the program.

Signature of Applicant

Date

ORANGE POLICE DEPARTMENT VOLUNTEER PROGRAM - QUESTIONNAIRE (Please Print)

NAME: _____

(Last) (First) (Middle)

ADDRESS: _____

PHONE: _____
(Daytime) (Evening) (Fax)

___ I am able to work: Monday - _____ Friday - _____
 Tuesday - _____ Saturday - _____
 Wednesday - _____ Sunday - _____
 Thursday - _____

(Please indicate hours adjacent to each day you are available)

___ I am interested in staffing the main lobby Information Booth

___ I have experience in operating computers:

Types: _____ **Programs:** _____

___ I have experience of typewriters:

Types: _____ **Speed:** _____

____ List any special skills you feel would be beneficial to the Department:

___ I have worked or Volunteered for another law enforcement agency:

Agency: _____ **Division:** _____

___ I can speak / write another language, would be available as an interpreter:

Language: _____ **Write:** _____ **Speak:** _____

_____ I have a current CPR / First-Aid Certificate:

Agency: _____ **Renewal Date:** _____

___ Do you require any special accommodations to participate in this program?

Explain: _____

(This portion pertains to alternative communication only)

AMATEUR RADIO

License Class / Grade: _____

License Expiration Date: _____

FCC Call Sign: _____

Communication Specialties: (i.e. HF, VHF, UHF, Packet, CW, APRS, ATV, Etc.)

R.A.C.E.S. Member:

(yes) (no) Where: _____

Contact: _____ **Telephone:** (____) ____ - _____

ARRL Member:

(yes) (no) Where: _____

Contact: _____ **Telephone:** (____) ____ - _____

Have in the past - or - are currently providing Volunteer assistance with another agency:

(yes) (no) Where: _____

Contact: _____ **Telephone:** (____) ____ - _____

First Aid Training:

NONE ____ **Basic** ____ **Intermediate** ____ **Advanced** ____

Date last training received: _____

CPR Training: (yes) (no) If yes, date completed: _____

Languages Spoken: (other than English) _____