



CYPRESS POLICE DEPARTMENT

VOLUNTEER CORPS APPLICATION

PD-224, ver 04-11

Applying for:

Volunteer in Policing R.A.C.E.S. Chaplain

Personal information

Last Name		First Name			Middle Name		
List other names and nicknames you have used or been known by:							
Home address, including number, street and/or unit #				City		State	ZIP Code
Home Phone Number (inc. Area Code)		Cell Phone Number (inc. Area Code)		E-Mail address			
Date of Birth (mm/dd/yyyy)	Age	Social Security # (xxx-xx-xxxx)	Sex	Height	Weight	Hair color	Eye color
Please list any scars, tatoos, or other distinguishing marks							

Education history

Name and location of High School		Highest grade completed (1 -12)	<input type="text"/> Graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO		G.E.D.? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Colleges, Trade or Business Schools Attended	Location	Dates Attended	Major/Minor	# of Units	Degree or Cert.	

If you have ever been arrested, held on suspicion, or detained, please provide the following information

Date (mm/dd/yyyy)	Charge	Agency	Disposition (How was this resolved?)
Date (mm/dd/yyyy)	Charge	Agency	Disposition (How was this resolved?)

Medical condition:

Do you have any existing health conditions that may affect your capability to work as a volunteer? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, please describe:
Are you currently taking any prescribed medications?	List any allergies
List any prior serious illness or injury	

Name of Organization		Address (inc. City, State and ZIP)		Phone (inc. Area Code)
Dates from - to		Contact Person	Reason for Leaving	
Name of Organization		Address (inc. City, State and ZIP)		Phone (inc. Area Code)
Dates from - to		Contact Person	Reason for Leaving	
Would transportation to meetings and events be a problem?	<input type="checkbox"/> YES <input type="checkbox"/> NO	How did you hear about the Volunteer Program?		

Employment Experience for the past 10 years: Check here if you will be listing additional employment experience on Page 4

Employer		Supervisor's Name		Phone (inc. Area Code)
Address, including number, street and/or unit #		City	State	ZIP Code
Dates from - to	Position held:	Reason for Leaving		
Employer		Supervisor's Name		Phone (inc. Area Code)
Address, including number, street and/or unit #		City	State	ZIP Code
Dates from - to	Position held:	Reason for Leaving		

Motor Vehicle Operation

Driver License Number	State	Expiration Date	Classification(s)	Have you ever been refused a Driver License? <input type="checkbox"/> YES <input type="checkbox"/> NO
Please list any traffic citations you have received in the past 3 years:				
Nature of Violation	Location: (City, State)	Approximate Date	Indicate whether fined, or action taken on Driver License:	
Nature of Violation	Location: (City, State)	Approximate Date	Indicate whether fined, or action taken on Driver License:	
Have you ever been involved as a driver in a motor vehicle collision?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If "Yes", please give details:		
Has your license ever been suspended, revoked or placed on negligent operator's probation?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If "Yes", please give details:		

Emergency Contact Information

Person to notify in case of emergency		Relationship	Primary contact phone (inc. Area Code)
Street Address		City, State, ZIP Code	Secondary contact phone (inc. Area Code)

References

Reference other than Police personnel	Street Address	City, State, ZIP Code	Phone (inc. Area Code)
Other reference	Street Address	City, State, ZIP Code	Phone (inc. Area Code)

This section will be reviewed to determine your written communication skills. Please be as complete as possible.

Additional Volunteer and Employment experience

Additional Previous Volunteering Experience for the past 5 years, continued from page two:

Name of Organization	Address (inc. City, State and ZIP)		Phone (inc. Area Code)
Dates from - to	Contact Person	Reason for Leaving	
Name of Organization	Address (inc. City, State and ZIP)		Phone (inc. Area Code)
Dates from - to	Contact Person	Reason for Leaving	
Name of Organization	Address (inc. City, State and ZIP)		Phone (inc. Area Code)
Dates from - to	Contact Person	Reason for Leaving	
Name of Organization	Address (inc. City, State and ZIP)		Phone (inc. Area Code)
Dates from - to	Contact Person	Reason for Leaving	

Additional Employment Experience for the past 10 years, continued from page two:

Employer	Supervisor's Name	Phone (inc. Area Code)	
Address, including number, street and/or unit #	City	State	ZIP Code
Dates from - to	Position held:	Reason for Leaving	
Employer	Supervisor's Name	Phone (inc. Area Code)	
Address, including number, street and/or unit #	City	State	ZIP Code
Dates from - to	Position held:	Reason for Leaving	
Employer	Supervisor's Name	Phone (inc. Area Code)	
Address, including number, street and/or unit #	City	State	ZIP Code
Dates from - to	Position held:	Reason for Leaving	
Employer	Supervisor's Name	Phone (inc. Area Code)	
Address, including number, street and/or unit #	City	State	ZIP Code
Dates from - to	Position held:	Reason for Leaving	

I hereby certify that all statements made in this membership enrollment are true and complete, and that by completing this application, I am subject to a personal background investigation. As a City of Cypress Police Department Volunteers In Policing member, I will not be paid for my services.

Signature in full: _____ **Date completed:** _____