



Tacoma Police Department Volunteer Application

The Tacoma Police Department welcomes volunteer applications. Please complete the application and submit by mail to the address at the end of this form.

PERSONAL INFORMATION

Last Name:	First Name:	Middle:
Street Address:	City/State/Zip:	
Home Phone:	Cell Phone:	Work Phone:
Email Address:		

Are you at least 18 years old? Yes No
Are you currently employed? Yes No
How did you hear about the program?

REFERENCES

Please list three references. Do not list relatives

Name	Address	Phone #

EDUCATION

High School:

Date of Graduation:

Colleges/Universities	Dates (mm/yyyy)	Degree	Year

EMPLOYMENT

Please list your last three employers, beginning with the most recent.

Company	Dates (mm/yyyy)

VOLUNTEER EXPERIENCE

List any previous volunteer experience.

Organization	Dates (mm/yyyy)	Supervisor

SKILLS

Check all that apply:

- | | | |
|--|---|--|
| <input type="checkbox"/> Education/Teaching | <input type="checkbox"/> Clerical/Office Skills | <input type="checkbox"/> Computer Programming |
| <input type="checkbox"/> Photography | <input type="checkbox"/> Graphic Arts/Design | <input type="checkbox"/> Multilingual |
| <input type="checkbox"/> Writing/Editing | <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Customer Service |
| <input type="checkbox"/> First Aid Certification | <input type="checkbox"/> CPR Certification | <input type="checkbox"/> Criminal Justice Experience |
| <input type="checkbox"/> Web Design/Development | | |

Other skills:

INTERESTS and BACKGROUND

Please tell us about your objectives for working as a volunteer at the Tacoma Police Department:

Please list your areas of interest for volunteering:

Please list your interests, hobbies, community activities, memberships, etc.:

AVAILABILITY

Please check the days and times you would be available for initial training:

- Day(s): Sunday Monday Tuesday Wednesday Thursday Friday Saturday
Time(s): 9:00 am – 1 pm 1:00 pm – 5:00 pm 5:00 pm – 9:00 pm

Please check the time period(s) you would like to volunteer (4 hours required):

- Day(s): Sunday Monday Tuesday Wednesday Thursday Friday Saturday
Time(s): 9:00 am – 1 pm 1:00 pm – 5:00 pm 5:00 pm – 9:00 pm
Substation Preference: Sector 1 NE Tacoma Sector 2 Sector 3 Sector 4

Please select a shirt size:

- Men Women
 Small Medium Large X-Large 1-XL 2-XL 3-XL

Statement of Understanding

I authorize my current or former employers and all schools or educational and technical institutions which I have attended to provide the City of Tacoma representatives any information regarding my current or former employment, scholastic records, or ratings. I hereby release any such current or former employers or institutions, their agents or employees from any and all liability resulting from the release of such information. My authorization and release from liability are knowing, intelligent, and voluntary acts.

I understand that for volunteer positions involving unsupervised access to children, developmentally disabled persons, or other vulnerable adults, the City of Tacoma may request a background check from the Washington State Patrol, and I authorize the City to do so.

I understand that all volunteer assignments with the City of Tacoma are non-compensated and at-will, and may be terminated at any time without notice by City of Tacoma representatives or by myself.

I grant full permission to use any photographs, videotapes, recordings or any other record of this program for any purpose.

I certify my statements in this application are true, complete and correct to the best of my knowledge and belief. I understand any falsification or omission of information may bar me from consideration for a volunteer position or cause my dismissal from a volunteer position if selected. I understand all statements on this application may be investigated.

I have read and understand the above and by my signature consent to these statements.

Volunteer Applicant Signature

Date

Mail application and background check authorization form to:

Tacoma Police Department
Community Policing Division
3701 S. Pine St.
Tacoma, WA 98409



Tacoma Police Department Volunteer Criminal History Background Check Authorization

Date: _____

Applicant Information:		
Last Name:	First Name:	Middle:
Address:	City/State/Zip:	
Home Phone:	Cell Phone:	
Email Address (required as most correspondence will be made by email):		

Information Required for Criminal History Background Check:	
Date of Birth:	Social Security #:
Driver's License #	State Issued:
Gender:	List other names you have used:

Criminal History:			
Have you ever been arrested, detained, questioned, taken into custody, issued a Misdemeanor citation, incarcerated, or convicted of any crime? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, provide the following information:			
Date	Agency/Location	Charges/Reason for Contact	Disposition (guilty, dismissed, paid fine, etc.)

I understand and acknowledge that a Criminal History Background Check will be conducted by the Tacoma Police Department and I authorize and approve said background check. I understand that a criminal history, to include a history of negative contacts with law enforcement, could preclude my acceptance as a Volunteer for the Tacoma Police Department.

I understand that all volunteer assignments with the City of Tacoma are non-compensated and at-will, and may be terminated at any time without notice by City of Tacoma representatives or myself.

Print Name

Applicant Signature

For Office Use Only

Background Accepted Rejected Initials: _____ Date: _____