



## **POLICE VOLUNTEER APPLICATION PACKAGE**

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Thank you for your interest in the City of Carlsbad Police Department's volunteer program. By working hand in hand with community members, we can improve communications with residents, enhance the quality of life for Carlsbad residents, and create a stronger police presence throughout Carlsbad's 42 square miles.

There are many different reasons to volunteer - some people may enjoy the camaraderie of working with others who want to do something to help fight crime, some want to give something back to the community, while others want to make a difference and have a positive impact on their community.

Carlsbad Police Department offers several ways to get involved in your local police department. By joining the police department's volunteer program, you join an elite team of volunteers working with local law enforcement to improve the City of Carlsbad while giving something back to the community.

### **VOLUNTEER REQUIREMENTS**

- Good moral character
- No felony convictions
- Ability to get along with others
- Current US citizen
- Dependable

Additional requirements for Senior Volunteer Patrol members include:

- At least 55 years of age
- Good physical condition
- Valid California driver license
- Excellent driving record
- Proof of automobile insurance

### **WHAT WE PROVIDE YOU**

- Police volunteer identification card
- Uniform (Senior Volunteer Patrol only)
- Annual recognition event for all volunteers
- Opportunity to work with others in a law enforcement environment
- Sense of satisfaction from serving the community

### **APPLICATION PROCESS**

Because there are a limited number of volunteer positions, selection will be based on qualifications and skills. To ensure that our volunteers meet the high standards of the Carlsbad Police Department, we ask that you complete the attached application and forms and return them to Carlsbad Police Department, Attn: Administration, 2560 Orion Way, Carlsbad, California, 92010. Upon the satisfactory preliminary review of your application, you will be contacted to schedule an oral interview.

After the successful completion of your oral interview, you will be scheduled for a background interview and fingerprinting. Upon the successful completion of your background investigation, Station volunteers will receive an orientation and assignment to a division; senior patrol volunteers will be notified of the dates of the upcoming senior volunteer patrol academy. If you have any questions about the application process, please call 760-931-2131.

We appreciate your interest in volunteering at Carlsbad Police Department. We look forward to forging a new relationship between our citizens and law enforcement through our police volunteer program.



## VOLUNTEER AGREEMENT

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I agree and understand that any work I perform on behalf of Carlsbad Police Department will be provided on a voluntary basis and that I do not expect payment or other compensation for performing such work. I understand and agree that a volunteer position does not constitute an employee-employer relationship with the City of Carlsbad and that the City of Carlsbad may terminate my volunteer status at any time. The City of Carlsbad and the Carlsbad Police Department are under no obligation to reimburse me for training or work-related expenses. I realize that Carlsbad Police Department has certain expectations of me as a volunteer and that if I cannot keep my volunteer commitment I will notify my supervisor in advance of my agreed upon reporting time.

I acknowledge and accept the obligation to serve the public while maintaining the highest ethical standards in personal and official conduct.

I have read and understand and will comply with Carlsbad Police Department's policies regarding the following areas:

**Confidential Information:** Official business of this department is confidential. The names, nature of crimes, investigative discussions, and casual remarks regarding persons or incidents are not to be discussed outside of the department. Volunteers shall discuss or give official information only to persons for whom the information is intended and as directed by supervisors or as required by law. No information shall be provided to the public or the press except within the guidelines of the department. Failure to respect confidentiality will result in immediate termination.

**Fraternization:** Members of the department are prohibited from fraternizing with, engaging in the service of, accepting services from, or performing favors for any person in the custody or recently released from the custody of the department. Any member contacted by, or in behalf of, a recently discharged prisoner shall immediately report this to a supervisor.

**Identification:** You will be issued an identification card. You will be held responsible for it and must report its loss to your supervisor immediately.

**Injuries:** You should report any injuries on the job to your supervisor.

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Volunteer Applicant Signature

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Date



## VOLUNTEER MEDICAL WAIVER

(For Senior Volunteer Patrol applicants only)

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I, \_\_\_\_\_, understand that I must be in satisfactory physical condition to perform the duties of the Carlsbad Police Department Senior Volunteer Patrol program. These duties include but are not limited to a six-hour shift with:

- Driving a vehicle
- Moderate walking
- Entering and exiting a vehicle numerous times per day
- Sitting for long periods of up to four hours
- Light lifting (< 20 lbs.)
- Climbing stairs (one or more flights)
- Walking on uneven ground (i.e. residential yard)
- Standing for extended periods (i.e. traffic control)

By signing this medical waiver I acknowledge that I am in adequate physical condition and have no medical limitations that would prohibit my participation in the Senior Volunteer Patrol program.

\_\_\_\_\_  
Volunteer Applicant Signature

\_\_\_\_\_  
Date

I, \_\_\_\_\_, M.D., am unaware of any conditions or restrictions which would prohibit my patient from participating in any of the activities listed above.

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone



## REQUIRED DOCUMENTS

Limited Access  
(Volunteers, Interns, Part-time, IT In-house)

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The following should be mailed or brought to our office with the application/Personal History Statement. If you have any questions, please feel free to call the Professional Standards office at 931-2213 or 2181.

- A copy of your birth certificate
- A copy of your social security card
- A copy of your current drivers license
- Proof of automobile liability insurance (if you are operating a motor vehicle in California)
- A copy of your high school diploma, G.E.D. certificate, certificate of high school proficiency, and/or college diploma (optional)
- Proof of selective service registration (if male and born before March 29, 1957, call 703-605-4047; if male and born after January 1, 1960, call 847-688-6888. Men born from March 29, 1957 to December 31, 1959, were not required to register because registration was suspended for several years in the late 1970s. Selective Service website address: <http://www.sss.gov/records.htm>)
- A copy of your DD214 Long Form if you were in the military, along with any awards or decorations you received
- Copies of any other certificates, awards, recognitions, etc. you would like considered

### ACKNOWLEDGEMENT

I have received a copy of this form and understand that it is my responsibilities to arrange for all of the documents above that apply to me. Failure to promptly arrange for these documents will result in my application being dropped from consideration for this position.

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Volunteer Applicant Signature

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Date

# VOLUNTEER APPLICATION

Please indicate your preference:  Senior Volunteer Patrol     Station Volunteer

## PERSONAL

The following information is requested of you for verification and contact purposes:

Your Name <i>Please print or type</i>			
Last		First	Middle
Other names (including nicknames) you have used or been known by:			
Please list address at which you can be contacted.			
Number Street		City	State Zip Code
Please list local telephone numbers(s) at which you can be contacted.		( ) _____ Hrs. you can be contacted:	( ) _____ Hrs. you can be contacted:
Birthdate		You must be a citizen of the United States or a permanent resident alien who is eligible for and has applied for citizenship. Can you provide such documentation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Month	Day		
Social Security Number		<i>In accordance with the Federal Privacy Act of 1974, disclosure is voluntary. The SSN will be used for identification purposes to ensure that proper records are obtained.</i>	

## RELATIVES AND REFERENCES

During the course of the background investigation, persons who know you will be asked to comment upon your suitability for the position of volunteer. Inquiries will be limited to volunteer position-relevant matters.

In the space below, please list at least five individuals who have known you for at least two years. Exclude former employers. If a category is not applicable, write in "N/A."

Name/Occupation/Relationship	Address where person can be contacted (Include Zip Code)	Telephone (Include Area Code)
Name	<input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Home
Occupation		<input type="checkbox"/> Work
Relationship	How long known	
Name	<input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Home
Occupation		<input type="checkbox"/> Work
Relationship	How long known	
Name	<input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Home
Occupation		<input type="checkbox"/> Work
Relationship	How long known	
Name	<input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Home
Occupation		<input type="checkbox"/> Work
Relationship	How long known	
Name	<input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Home
Occupation		<input type="checkbox"/> Work
Relationship	How long known	

## EMERGENCY CONTACT

Name    Relationship	Address
Home Phone	Work Phone

## EDUCATION

Please check the appropriate box(es).

- I possess a high school diploma from a U.S. institution.
- I passed the G.E.D. (General Educational Development) test.
- I passed the California High School Proficiency Examination.
- I possess a two-year college degree.
- I possess a four-year college or university degree.
- I do not currently have a high school diploma or its equivalent, but I plan to satisfy the requirement in the future as follows:

\_\_\_\_\_

\_\_\_\_\_

Please indicate below all the schools you have attended beginning with high school. During the background investigation, persons who have known you in a learning environment will be contacted. A review of your school records may be made in conjunction with those contacts.

Name of School	Address of School	Dates Attended		School References (teachers, counselors, etc.)
		From Month/Year	To Month/Year	

**EXPERIENCE AND EMPLOYMENT**

Beginning with your most current employment, please list all jobs (including part-time, temporary, military service and volunteer positions) you have held in the past. If you have had intervening periods of unemployment, please list those periods in sequence in the spaces provided.

Dates of employment		Name and address of employer		Name of supervisor	
From Mo. Yr. /	To Mo. Yr. /		Telephone No.		
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer		Title or duties		Names(s) of co-worker(s)	
Reason for leaving					
<input type="checkbox"/> Not employed			From: Mo. Yr. /	To: Mo. Yr. /	
Dates of employment		Name and address of employer		Name of supervisor	
From Mo. Yr. /	To Mo. Yr. /		Telephone No.		
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer		Title or duties		Names(s) of co-worker(s)	
Reason for leaving					
<input type="checkbox"/> Not employed			From: Mo. Yr. /	To: Mo. Yr. /	
Dates of employment		Name and address of employer		Name of supervisor	
From Mo. Yr. /	To Mo. Yr. /		Telephone No.		
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer		Title or duties		Names(s) of co-worker(s)	
Reason for leaving					
<input type="checkbox"/> Not employed			From: Mo. Yr. /	To: Mo. Yr. /	
Dates of employment		Name and address of employer		Name of supervisor	
From Mo. Yr. /	To Mo. Yr. /		Telephone No.		
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer		Title or duties		Names(s) of co-worker(s)	
Reason for leaving					
<input type="checkbox"/> Not employed			From: Mo. Yr. /	To: Mo. Yr. /	

EXPERIENCE AND EMPLOYMENT (Continued)

Dates of employment		Name and address of employer		Name of supervisor
From Mo. Yr. /	To Mo. Yr. /		Telephone No.	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer		Title or duties		Names(s) of co-worker(s)
Reason for leaving				
<input type="checkbox"/> Not employed			From: Mo. Yr. /	To: Mo. Yr. /
Dates of employment		Name and address of employer		Name of supervisor
	Telephone No.			
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer		Title or duties		Names(s) of co-worker(s)
Reason for leaving				
<input type="checkbox"/> Not employed			From: Mo. Yr. /	To: Mo. Yr. /
Dates of employment		Name and address of employer		Name of supervisor
From Mo. Yr. /	To Mo. Yr. /		Telephone No.	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer		Title or duties		Names(s) of co-worker(s)
Reason for leaving				
<input type="checkbox"/> Not employed			From: Mo. Yr. /	To: Mo. Yr. /
Dates of employment		Name and address of employer		Name of supervisor
From Mo. Yr. /	To Mo. Yr. /		Telephone No.	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer		Title or duties		Names(s) of co-worker(s)
Reason for leaving				
<input type="checkbox"/> Not employed			From: Mo. Yr. /	To: Mo. Yr. /

LEGAL

If you have ever been arrested or convicted for any crime excluding traffic citations, please give the following information:		
Date	Police Agency	Circumstances
Have you ever been placed on court probation as an adult? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give details (when, where, why).		
Have you ever been reported to a law enforcement agency as a missing person or a runaway? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give details (date, law enforcement agency, circumstances).		
Are you now or have you ever been involved as a plaintiff or defendant in any civil court action? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give details (when, where, name and location of court, circumstances).		

**MOTOR VEHICLE OPERATION**

*Operation of a motor vehicle may be an integral part of the position of volunteer. An investigation of your driving history will be made through a records check.*

California driver's license number			Expiration date
Name under which license was granted			
Please list other states where you have been licensed to operate a motor vehicle.			
State	State	State	State
Name under which license was granted	Name under which license was granted	Name under which license was granted	Name under which license was granted
Have you ever been refused a driver's license by any state? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain (when, where, why).			
California law requires that operators and owners of motor vehicles be covered by automobile liability insurance or bond or deposit of \$35,000 with the Department of Motor Vehicles. Therefore, please list the current liability insurance you have with your motor vehicle(s).			
Company	Address	Policy Number	Date of Expiration
If you are bonded or have deposited \$35,000 to meet your motor vehicle financial responsibility, please indicate. <input type="checkbox"/> Bond <input type="checkbox"/> \$35,000			
Please list all traffic citations you have received within the last 5 years.			
Nature of Violation	Location (city)	Approximate Date	Indicate whether fined or action taken on driver's license
Have you ever been involved as a driver in a motor vehicle accident within the last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give details for each accident.			
Date	Location	<input type="checkbox"/> Injury <input type="checkbox"/> No-injury	
Police investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Police Agency		
Date	Location	<input type="checkbox"/> Injury <input type="checkbox"/> No-injury	
Police investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Police Agency		
Date	Location	<input type="checkbox"/> Injury <input type="checkbox"/> No-injury	
Police investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Police Agency		
Date	Location	<input type="checkbox"/> Injury <input type="checkbox"/> No-injury	
Police investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Police Agency		
Date	Location	<input type="checkbox"/> Injury <input type="checkbox"/> No-injury	

**MOTOR VEHICLE OPERATION (Continued)**

If there is anything you wish to discuss about your driving record, please use the space below.

Has your license ever been suspended, revoked, or placed on negligent operator's probation?  Yes  No  
If yes, please give details (what, when, where, why).

**SUBSTANCE USE**

Have you ever used any controlled substance without a prescription?  Yes  No

If yes, please check all types of substances used:

- |  |   |
|--|---|
| Marijuana (Grass, Pot) <input type="checkbox"/>                              | Hashish/Hash Oil <input type="checkbox"/>                                       |
| Cocaine <input type="checkbox"/>   | PCP (Angel Dust, Crystal, Rocket fuel, KI) <input type="checkbox"/>             |
| Amphetamines/Methamphetamine (Uppers, Speed, Crank) <input type="checkbox"/> | Quaaludes (Ludes) <input type="checkbox"/>                                      |
| Psilocybin (Magic Mushroom) <input type="checkbox"/>                         | Barbiturates (Downers, Reds) <input type="checkbox"/>                           |
| Heroin <input type="checkbox"/>  | Hallucinogens (LSD, STP, DMT, MDA, DET, Synthetic THC) <input type="checkbox"/> |
| Mescaline/Peyote <input type="checkbox"/>                                    | Morphine/Demerol <input type="checkbox"/>                                       |
| Amyl Nitrite (Poppers) <input type="checkbox"/>                              | Thai Sticks (Opiated Grass) <input type="checkbox"/>                            |
| Other:   |   |

Explain (year first used, month/year last used and total times used):

**BACKGROUND INFORMATION**

Have you ever been refused insurance for any reason other than failure to pay a premium?  Yes  No

If yes, please explain (include company name and address, date and reason).

Have you ever applied for a permit to carry a concealed weapon?  Yes  No

Permit granted?  Yes  No Date:

Name of law enforcement agency:

Purpose:

List all weapons in your possession by make, model, and serial number:



**MISCELLANEOUS**

Discuss any information of a NEGATIVE NATURE which has not been dealt with in this application that might be relevant to your qualification as a volunteer.


I hereby certify that all statements made in this volunteer application are true and complete and I understand that any misstatements of material facts will subject me to disqualification or dismissal.

Signature in full

Date

**PERSONAL INTERESTS AND HOBBIES**


**SPECIAL SKILLS**


Thank you for your time in completing this volunteer application. If you have any questions regarding this application, please call 760-931-2131 (Station Volunteer) or 760-931-2214 (Sr. Patrol). Please return it to:

Carlsbad Police Department  
Attn: Administration  
2560 Orion Way  
Carlsbad, CA 92010-7240