

VOLUNTEER APPLICATION

PLEASE PRINT CLEARLY

TODAY'S DATE: _____

First Name: _____ M.I.: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Driver's License #: _____ SS#: _____

D.O.B.: _____ Race: _____ Sex: M F

Height: _____ Hair Color: _____ Eye Color: _____

Highest Level of Education: High School: 1 2 3 4

College: 1 2 3 4 5 6 7 8

Other: _____

Degree(s)/Certificate(s): _____

Availability (circle all that apply): Mondays Tuesdays Wednesdays Thursdays Fridays
AM / PM AM / PM AM / PM AM / PM AM / PM

Current Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Position Held: _____

May we contact your employer for reference? Yes No, explain: _____

Who referred you to our Department? _____

Area(s) of Interest (circle all that apply):

Citizens Observer Patrol (C.O.P.)*, Neighborhood: _____

Clerical/Office Support

Crime Analysis/Statistics

Crime Scene

R.E.C.A.P.

Criminal Investigations Data Entry

Fleet Management

Building Maintenance Assistant

Lobby Greeter

Media Specialist

Parking Enforcement

Special Events

Traffic Monitoring

*Do you have any medical or physical disabilities, defects, or chronic illness that could affect your ability to operate a car?

No Yes, explain: _____

*Do you have any need to carry any type of medication or emergency equipment on your person?

No Yes, explain: _____

Please list any personal interests, special talents and any languages spoken other than English:

List two personal references (include Name, Address & Phone Number):

1. _____

2. _____

List one professional reference (other than your current employer):

1. _____

List any volunteer experience, community service/activities, training, internships, and/or special areas of study:

Have you ever volunteered for a Law Enforcement Agency in the past? No Yes:

Agency: _____ Dates: _____

Supervisor: _____ Phone Number: _____

Have you ever been arrested? (You may add details on an additional sheet if necessary) No Yes:

Charge(s): _____

Date(s): _____ Location(s): _____



**APPROVAL FOR BACKGROUND INVESTIGATION,
CRIMINAL HISTORY, AND DRIVERS LICENSE CHECK**

As a volunteer for the City of West Palm Beach, I realize that a background check, criminal history, and driver's license check will be done before I can begin work.

List ALL names you have ever used other than that on page 1, including maiden name, if applicable:

Name: _____
First Middle Last

Name: _____
First Middle Last

Name: _____
First Middle Last

I hereby authorize the West Palm Beach Police Department to search any law enforcement database to conduct it:

Signature Date

AUTOMATIC DISQUALIFIERS

The West Palm Beach Police Department will automatically disqualify any individual who has at any time:

1. Been convicted of a felony or any offense that would be a felony if committed in the State of Florida.
2. Been convicted of a misdemeanor involving perjury, false statement, moral turpitude, or domestic violence.
3. Alcohol/Drug misuse or abuse.
4. Been dishonorably discharged from any branch of the United States Armed Forces.
5. Had excessive traffic violations within the past three years.
6. Lied during any part of the volunteer process.
7. Falsified any part of the volunteer application.

DISCRETIONARY DISQUALIFIERS

The following disqualifiers may, upon review, make you ineligible for volunteer service with the West Palm Beach Police Department:

1. Alcohol/Drug misuse or abuse.
2. Unlawful sexual conduct.
3. Excessive traffic violations.
4. Commission of a felony.
5. Any discharge from the U.S. Military other than honorable.
6. Any other conduct or pattern of conduct that would jeopardize public trusts in the law enforcement profession.

I have read and understand the above disqualifiers:

Signature Date

VOLUNTEER AGREEMENT



In order to provide a satisfying volunteer experience and a comfortable work environment for all I, _____, consent to do the following:

1. Bring to the attention of the Volunteer Coordinator any job related problems or grievances.
2. Fulfill my service commitment in a professional manner.
3. Notify my supervisor or Volunteer Coordinator prior to being absent.
4. Accurately record my volunteer hours and report them to the Volunteer Coordinator on a monthly basis.
5. Respect the confidentiality of all information observed and learned through my work at the West Palm Beach Police Department. Any information contained in the records or received by personal communication will not be divulged outside of the Police Department.
6. Notify my supervisor prior to terminating my volunteer service.
7. Return any and all identification, assigned uniforms and/or equipment provided by the Department to the Volunteer Coordinator's office on my last day.
8. Use police department identification only within the scope of my particular duties. I understand that any other usage may lead to disciplinary action, up to and including dismissal from the volunteer program.
9. Upon termination, I will complete an evaluation of the program and return it to the Volunteer Coordinator. Furthermore, I understand that the volunteer program is under direct supervision of the Community Services Captain and the Police Chief. I understand that my actions, if deemed inappropriate, whether intended or unintended, could result in my termination from the program at any time.

Signature

Date

I hereby certify that all statements made on this application are true, correct and complete to the best of my knowledge. West Palm Beach Police Department has my permission to make any inquiries into my present and past personal information, as deemed necessary, in the interest of the West Palm Beach Police Department and my appointment in this program.

Signature

Date

Please note, the application process could take up to 4 weeks.

**Please return this application, with a copy of your driver's license, to:
Volunteer Coordinator
600 Banyan Blvd, West Palm Beach, FL 33401
vmoore@wpb.org Office (561) 822-1621 or Fax: (561) 822-1648**