

VICTIM SERVICES DIVISION

911 Quest Parkway

512-260-4656

512-259-9806 Fax

VOLUNTEER PROGRAM APPLICATION

Please fill out the application completely and indicate N/A if necessary

1. Full Legal Name			
2. Maiden Name			
3. Social Security Number			<i>- (Numbers Only)</i>
4. Drivers License Number (State/Number)			
Other States Where You Have Been Licensed			
A.	B.	C.	
5. Has Your Drivers License Been Suspended or Revoked For Any Reason?			<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, Give Dates, Locations & Reasons:			
6. Current Address			
City		State	Zip Code
7. How Can We Contact You?			
Work Phone:	Cell Phone:	Email:	Other:
8. Date of Birth		<i>- (ex. 02181975 – No Dashes)</i>	
9. Physical Description			
Height: (ex. 508)	Weight:	Eye Color:	Hair Color:
Scars, Tattoos or Other Marks:			
10. Have you ever been a victim of a crime?			<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, when, what kind?			

EMPLOYMENT HISTORY

1. Present Employer:			
Date or Dates of Service (From/To)	Address	Phone Number	
Job Title			
Duties			
Reason For Leaving			
Name of Supervisor <i>Still Employed with this company?</i> <input type="checkbox"/> YES <input type="checkbox"/> NO		Phone Number	
Name of Co-Worker <i>Still Employed with this company?</i> <input type="checkbox"/> YES <input type="checkbox"/> NO		Phone Number	

2. Previous Employer:			
Date or Dates of Service (From/To)	Address	Phone Number	
Job Title			
Duties			
Reason For Leaving			
Name of Supervisor <i>Still Employed with this company?</i> <input type="checkbox"/> YES <input type="checkbox"/> NO		Phone Number	
Name of Co-Worker <i>Still Employed with this company?</i> <input type="checkbox"/> YES <input type="checkbox"/> NO		Phone Number	

3. Previous Employer:			
Date or Dates of Service (From/To)	Address	Phone Number	
Job Title			
Duties			
Reason For Leaving			
Name of Supervisor <i>Still Employed with this company?</i> <input type="checkbox"/> YES <input type="checkbox"/> NO		Phone Number	
Name of Co-Worker <i>Still Employed with this company?</i> <input type="checkbox"/> YES <input type="checkbox"/> NO		Phone Number	

EMPLOYMENT HISTORY CONTINUED

4. Present Employer:			
Date or Dates of Service (From/To)	Address		Phone Number
Job Title			
Duties			
Reason For Leaving			
Name of Supervisor <i>Still Employed with this company?</i> <input type="checkbox"/> YES <input type="checkbox"/> NO		Phone Number	
Name of Co-Worker <i>Still Employed with this company?</i> <input type="checkbox"/> YES <input type="checkbox"/> NO		Phone Number	

5. Previous Employer:			
Date or Dates of Service (From/To)	Address		Phone Number
Job Title			
Duties			
Reason For Leaving			
Name of Supervisor <i>Still Employed with this company?</i> <input type="checkbox"/> YES <input type="checkbox"/> NO		Phone Number	
Name of Co-Worker <i>Still Employed with this company?</i> <input type="checkbox"/> YES <input type="checkbox"/> NO		Phone Number	

6. Previous Employer:			
Date or Dates of Service (From/To)	Address		Phone Number
Job Title			
Duties			
Reason For Leaving			
Name of Supervisor <i>Still Employed with this company?</i> <input type="checkbox"/> YES <input type="checkbox"/> NO		Phone Number	
Name of Co-Worker <i>Still Employed with this company?</i> <input type="checkbox"/> YES <input type="checkbox"/> NO		Phone Number	

EDUCATION AND MILITARY EXPERIENCE

1. HIGH SCHOOLS			
Name of Institution	Dates Attended (MM/YY)	City/State/Zip	Did You Graduate?
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

2. COLLEGES/UNIVERSITIES				
Name of Institution	Dates Attended (MM/YY)	City/State	Hours Attempted	Hours Completed
GPA		Major/Minor		Degree Received
Name of Institution	Dates Attended (MM/YY)	City/State	Hours Attempted	Hours Completed
GPA		Major/Minor		Degree Received
Name of Institution	Dates Attended (MM/YY)	City/State	Hours Attempted	Hours Completed
GPA		Major/Minor		Degree Received

3. TRADE, VOCATIONAL, BUSINESS & OTHER SCHOOLS			
Name of Institution	Street Address	City/State/Zip	Phone Number
Dates Attended (MM/YY)		Subject	Diploma/Certificates Received
Name of Institution	Street Address	City/State/Zip	Phone Number
Dates Attended (MM/YY)		Subject	Diploma/Certificates Received
Name of Institution	Street Address	City/State/Zip	Phone Number
Dates Attended (MM/YY)		Subject	Diploma/Certificates Received

4. MILITARY			
BRANCH OF SERVICE	HIGHEST RANK HELD	TIME SERVED	DATE DISCHARGED

VOLUNTEER EXPERIENCE

1. List all previous related volunteer experience in community, including other police programs (C.P.A., C.O.P.S., etc)		
Name	Address	Type (Professional, Fraternal, Social)

2. Briefly explain why you are interested in becoming a victim services volunteer and your reasons for applying.

3. Describe any beliefs and/or precepts you may have which would prevent you from fully performing the duties of a volunteer. Examples but not limited to – working weekends, holidays, evenings or at night.

INTERESTS AND SKILLS

1. Indicate your degree of fluency in any foreign language (Excellent, Good, Fair)				
Language	Reading	Writing	Speaking	Understanding
2. In which of the following areas are you interested in?				
Direct Victim Services <input type="checkbox"/>	Training/Public Speaking <input type="checkbox"/>	Data Entry <input type="checkbox"/>		
Clerical <input type="checkbox"/>	Follow-Up Calls <input type="checkbox"/>	Special Events <input type="checkbox"/>		

BACKGROUND INFORMATION

1. Are you a Cedar Park Citizens Police Academy Graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If yes, list graduating class number:			
2. Have you ever been arrested for, convicted of, or cited for an offense (OTHER THAN A TRAFFIC VIOLATION FOR WHICH YOU WERE FINED \$200 OR LESS?) <input type="checkbox"/> YES <input type="checkbox"/> NO			
3. Charge/Incident:			
Agency Name, City, State	Date of Incident	Case No. if Known	Disposition
4. Charge/Incident:			
Agency Name, City, State	Date of Incident	Case No. if Known	Disposition

VOLUNTEER AVAILABILITY

1. Days available for volunteer work:						
Mon. <input type="checkbox"/>	Tues. <input type="checkbox"/>	Wed. <input type="checkbox"/>	Thurs. <input type="checkbox"/>	Fri. <input type="checkbox"/>	Sat. <input type="checkbox"/>	Sun. <input type="checkbox"/>
Preferred Work Hours:				When Can You Begin?		

REFERENCES AND RECOMMENDATIONS

List three (3) references who are not relatives or former/current employers, who know you well enough to give information about you.

Full Name	Address (Street, City, State & Zip)	Relation	DOB
Home Phone:		Work Phone:	Cell Phone:
Home Phone:		Work Phone:	Cell Phone:
Home Phone:		Work Phone:	Cell Phone:

EMERGENCY CONTACT INFORMATION

Full Name	Address (Street, City, State & Zip)	Relationship	DOB
Home Phone:		Work Phone:	Cell Phone:

CONSENT AND SIGNATURE

I hereby certify that all statements made in this application are true and correct.

I understand that for security reasons, a clearance/background check will be conducted. Further background information will be requested only if a specific volunteer assignment calls for a full security check.

I understand that falsifying statements on this application is cause for refusal of placement or my immediate dismissal from the Cedar Park Police Department Volunteer Program.

I understand that the Cedar Park Police Department will not disclose any of my information to any third party without my prior written consent.

Signature	Date
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