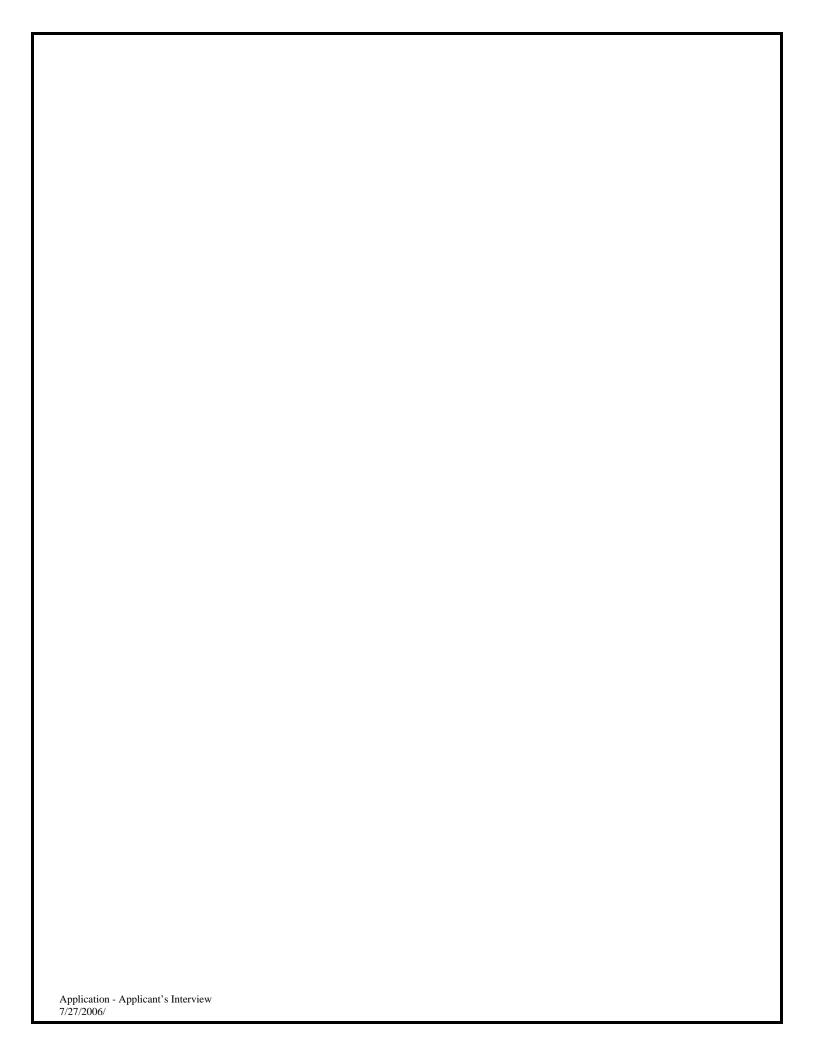




APPLICANT'S INTERVIEW

	Applicant's Name	Date
1.	Tell us about your background.	
2.	What are your skills?	
	,	
3.	What are your interests?	
4.	Why do you want to volunteer for the Police Department?	
5.	Do you know of anything in your background that could eliminately Volunteer?	
6.	How much time can you give the Program?	
7.	Do you have any questions?	
• •		
•	What are a second and of the Maharta and Day was 0	
8.	What are your perceptions of the Volunteer Program?	
9.	Do you know anything about Community Involved Policing?	

We will be contacting you based on your skills and department's needs for further processing in the background phase.



Hours:

Hours:

Hours:

300 L Street, Antioch, CA 94509-1100



Chief of Police (925) 779-6900

VOLUNTEER APPLICATION

Date:								
Last Name)		(First Name)			(Middle Initial)			
Home Address								
	(Include	e number, street, city,	state, and zip co	de)				
Are you a license	d driver? Yes_	No	Driver's Lice	nse Number	:			
Home Phone:		Work Phone:		Cel	1 Phone	:		
E-Mail:		Soc.	Sec. Number: _					
f Student, Name	of School:			Part-time		Full-time_		
f licensed to prac	tice a profession	, please list the profes	sion and the stat	e in which l	icensed	:		
s it necessary for	you to limit you	r physical activity in a	any way? Yes _		No			
ob relatedness. Y	our answer may place, and disp	rily bar you from volute be verified and an unconsition of case:	true answer is g	rounds for d	lisqualif	ication. Yes	No	
	nization	i, employment, educa	Activity	be helpful i	III WOLKI	Dates		artinent.
Organ	IIZatiOII		Activity			Dates		
Personal skills tha	t you can bring a	as a volunteer (Please	Check)					
Customer Service		Communic	Communications		Animal Services			
Art/Graphics		Computer	Computer		Patrol Services			
Photography		Clerical/Ph	Clerical/Phones		Bilingual			
		you are available to v				Cotunit		
Monday	Tuesday	Wednesday	Thursday	Friday		Saturday	Su	nday

Hours:

Hours:

Hours:

Hours:

EMPLOYMENT RECORD

List your current or mos	t recent experience.	EMPLOY	MENIF	RECORD			
From:	•	PLOYER		POSITION/TITLE	Hours per week		
То:							
Name of Supervisor	Address	City	State	Zip			
Duties:					1		
May we contact your cu	rrent employer? Ye	es	No_				
		REF	ERENC	ES			
Name:				Phone:			
1							
2							
	VOLUNT	EER'S ACK	NOWLI	EDGEMENT			
1. I am a volunte	er donating my time	e, services, and e	energies to the	he City.			
the City excep		r the City's World		eration or benefits extended to tensation Plan for any injury sust			
or actions, ari	sing out of or occasi services to the City,	oned by bodily i except as otherv	njuries or pr vise provide	from any and all liability, claim roperty damages sustained by med under Workers Compensation im, cause of action or actions.	ne as a result of		
	e that I have carefull gn this instrument a			and indemnity agreement and l	know the contents		
Volunteer's Signature				Date			
In case of emergency,	contact:						
Name: Re				elationship:			
Address:		Wo	ork Phone: _	Home Phon	e:		
		PARENT (If under	TAL CON				
I have reviewed the vo		•	_	ive my consent forions set forth.			
Parent/Guardian Signature				Date			