



**VOLUNTEER APPLICATION
BANNING POLICE DEPARTMENT
125 E Ramsey St.
Banning, CA 92220
(951) 922-3170 FAX: (951) 922-0039**

FOR PERSONNEL USE ONLY	
Accepted _____	Rejected _____
Reviewed By: _____	
Date: _____	

The Banning Police Department is an Equal Opportunity Employer. We encourage all persons to file applications with us and we do not discriminate on the basis of race, color, religion, age, sex, national origin, veteran status, mental or physical disability.

Print your full name _____
(Last) (First) (Middle) (Maiden)

Address _____
(Number) (Street) (Apt. No.)

(City) (State) (Zip Code)

Telephone _____
(Home) (Work)

Email: _____

Social Security No.: _____ **Date of Birth** _____

NOTE: All approval of Applicants are contingent upon the successful completion of a background process.

Have you ever been convicted of a misdemeanor or felony by a court of law or a military tribunal since your 18th birthday? Yes _____ No _____

If yes, give details below. Volunteer candidacy will depend upon the nature of the offense, the job in question, and the conduct of the applicant since the offense was committed.

Date	City & State	Offense	Penalty or Disposition

Are you 18 years or older? Yes No

Which program are you interested in?

- Citizen Volunteer/Citizen Patrol Mounted Patrol Explorer Post

USING YOUR LIFE EXPERIENCE, WHAT ARE YOUR STRENGTHS AND TALENTS?
(e.g. organizing, people, computers, clerical, problem solving, community, fundraising, telephone work etc.)

PLEASE TELL US WHY YOU ARE INTERESTED IN VOLUNTEERING WITH BANNING POLICE?

For background purposes, please complete the following:
Valid Driver's License: YES NO
Class _____ State _____
License Number: _____
Expiration Date _____
Authorization is given to view DMV records: YES NO _____ (initial)
Can you, upon acceptance, submit verification of your right to work in the United States? YES _____ NO _____
<i>Note: Such proof is required upon acceptance.</i>

REFERENCES:

LIST THREE (3) PERSONAL REFERENCES WHO HAVE KNOWN YOU AT LEAST ONE YEAR:

Name: _____

Address: _____

Telephone Number: _____ Number of Years of Acquaintance: _____

Name: _____

Address: _____

Telephone Number: _____ Number of Years of Acquaintance: _____

Name: _____

Address: _____

Telephone Number: _____ Number of Years of Acquaintance: _____

EMERGENCY CONTACT:

Name: _____ Address: _____

Telephone Number: _____

AVAILABILITY:

Do you like to be regularly scheduled or unstructured? _____

Are there times of the year, week or day when you are not available? _____

Would you be interested in volunteering during evening hours? _____

I hereby certify that all statements made in this application are true and complete to the best of my knowledge and belief. I understand that false or misleading statements or missing information is cause for rejection of application, removal of name from eligible list, or dismissal from the program.

Signature of Applicant

Date

PERSONAL HISTORY WAIVER

As an applicant for a Civilian Volunteer position with the Banning Police Department, I respectfully request and authorize you to furnish the Banning Police Department or its representative, any and all information that you may have records or reports including information of a confidential nature. This information is to be used to assist the department in determination of my qualifications and fitness for the position I am seeking with the Banning Police Department.

I hereby release you, your organization, or your employer or agents from any liability or damage which may result from furnishing the information requested above.

This waiver will expire one year from the below date signed.

A photocopy of this may act as the original.

I understand that the information provided on this application is to be used by the Banning Police Department for purposes of a background investigation and by my signature I give my consent to this investigation.

Signature of Applicant

Date

Witness Signature

Date

Investigator's Signature

Date