



Redmond Police Department

Volunteer Application

8701 160th Ave NE Redmond, WA 98052



An incomplete application may delay or disqualify you. Please use pen to complete this application.

Police Volunteer

Redmond Police Department

Position Applied For

Department

Personal Information				
Name (Last, First, MI)				
Street Address		City/St/Zip		
Email Address				
Home Phone		Cell Phone		Work Phone
Date of Birth				

Education				
High School Diploma or GED received? <input type="checkbox"/> YES <input type="checkbox"/> NO				
<small>If no degree, please specify semester or quarter hours</small>				
College/University/Vocational School	City, State	Major	Degree/Certificate	Credit Hrs
College/University/Vocation School	City, State	Major	Degree/Certificate	Credit Hrs

Availability							
Days and Times Available (Please be as specific as possible)							
TIME	MON	TUE	WED	THURS	FRI	SAT	SUN
MORNING							
AFTERNOON							
EVENING							

How did you hear about us:

PLEASE READ CAREFULLY

Resumes may be attached but will not be accepted as a substitute for completing this section. Beginning with your present or most recent employment, list your work experience for the **last ten years**, including periods of self employment, volunteer work & U.S. military service. Attach separate sheets if necessary

From (month & year)	Company Name		Title
To (month & year)	City	Type of Company	Phone
Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer <input type="checkbox"/>	Supervisor's Name/Title		May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Duties			
Reason for Leaving:			



From (month & year)	Company Name		Title
To (month & year)	City	Type of Company	Phone
Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer <input type="checkbox"/>	Supervisor's Name/Title		May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Duties			
Reason for Leaving:			



From (month & year)	Company Name		Title
To (month & year)	City	Type of Company	Phone
Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer <input type="checkbox"/>	Supervisor's Name/Title		May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Duties			
Reason for Leaving:			

Skills
Describe your skills, knowledge and abilities that qualify you for this position
Please List licenses, professional affiliations, and non-religious volunteer experience you have had

Agreement and Signature			
<p>This Statement must not be altered. I understand that false information in any of my answers or statements will result in my application being eliminated from further consideration, or if selected, will be cause for dismissal. All statements submitted on this application will be subject to investigation and verification prior to appointment.</p>			
Name (printed)		Signature	
Date			