



ALBANY POLICE VOLUNTEER APPLICATION

We are pleased that you are interested in the Albany Police Department Volunteer Program. The intent of the Volunteer Program is to provide an avenue of partnership between the Albany Police Department and qualified community members dedicated to serving the needs of others through crime prevention education, the use of practical skills, and positive interactions with members of the public.

Volunteer Eligibility Requirements:

- Must be 18 years of age or older.
- Must maintain good moral character and have a clean record.
- Must maintain appearance and demeanor that meets the standards of the Albany Police Department.
- Must demonstrate responsible actions as a citizen in the community and maintain a good reputation.
- Must attend training meetings as scheduled by the Albany Police Department.
- Must possess a valid Oregon Driver License or be able to obtain one within two months of appointment.

Volunteer Responsibilities:

- Volunteers ride with an approved officer a maximum of 24 hours each calendar year.
- Shall participate in public relations, security, and other events in which the Volunteer contingent is required.
- Shall commit to volunteer a minimum of five hours per month.
- Required to maintain good grooming standards on hair length and appearance, facial hair and general appearance.
- Must maintain integrity. Any occurrence of dishonesty and/or deception is grounds for immediate termination from the Volunteer Program.

These standards must be maintained throughout your service in the Volunteer Program. We expect all of our members to be proud of who they are and proud to be a part of this service organization.

If you feel that you can meet these requirements, we invite and welcome your application to be an Albany Police Volunteer. If you would like more information, please contact the Albany Police Department at 541-917-3206.



ALBANY POLICE VOLUNTEER APPLICANT QUESTIONNAIRE

Name of Volunteer Applicant: (Last, First, Middle)

Date of Application: _____

READ THE FOLLOWING INFORMATION CAREFULLY AND COMPLETELY

Those persons responsible for accepting applications into the Albany Police Volunteer Program will evaluate this questionnaire. It will be reviewed as part of a background investigation into your personal history.

ALL APPLICANTS ARE REQUIRED TO COMPLETE THIS QUESTIONNAIRE AND COMPLETE AN INTERVIEW AS PART OF THE APPLICATION PROCESS.

ANY FALSE, MISLEADING, OR INCOMPLETE INFORMATION OR FAILURE TO FOLLOW INSTRUCTIONS LISTED BELOW WILL BE GROUNDS TO DISQUALIFY YOU FOR PARTICIPATION IN THE ALBANY POLICE VOLUNTEER PROGRAM.

FOLLOW THESE DIRECTIONS CAREFULLY

- USE INK TO COMPLETE THIS QUESTIONNAIRE.
- COMPLETE THE QUESTIONNAIRE IN YOUR OWN HANDWRITING OR PRINTING. **DO NOT TYPE.**
- WRITE OR PRINT LEGIBLY.
- READ EACH QUESTION CAREFULLY.
- ANSWER EACH QUESTION COMPLETELY AND ACCURATELY.
- ANSWER ALL QUESTIONS.
- IF A QUESTION DOES NOT APPLY TO YOU, WRITE "N/A" IN THE BOX.
- IF YOU NEED ADDITIONAL SPACE, WRITE ON THE BACK PAGE.
- BEFORE RETURNING THIS QUESTIONNAIRE, READ AND SIGN THE LAST PAGE.

1. PERSONAL DATA

LAST NAME	FIRST NAME	MIDDLE NAME	HOME PHONE	WORK PHONE	MESSAGE PHONE			
CURRENT ADDRESS			CITY	STATE	ZIP	EMAIL ADDRESS		
AGE	DATE OF BIRTH	PLACE OF BIRTH	SEX	RACE	HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR
SOCIAL SECURITY NUMBER				LIST ANY OTHER NAMES YOU HAVE EVER USED				

2. ADDRESS HISTORY

STARTING WITH YOUR PRESENT ADDRESS, LIST ALL MAILING ADDRESSES WHERE YOU HAVE LIVED FOR THE PAST FIVE (5) YEARS. DO NOT FORGET TO INCLUDE ZIP CODES.

DATES		STREET ADDRESS	CITY	COUNTY	STATE	ZIP CODE
FROM	TO					
	PRESENT					

3. REFERENCES

LIST THREE (3) REFERENCES (NOT RELATIVES OR FORMER EMPLOYERS) WHO ARE RESPONSIBLE ADULTS, AND WHO HAVE KNOWN YOU WELL FOR AT LEAST THE LAST THREE (3) YEARS.

NAME		STREET ADDRESS ___RESIDENCE ___BUSINESS			EMAIL ADDRESS	
HOW LONG KNOWN?	OCCUPATION	CITY	STATE	ZIP	HOME PHONE	BUSINESS PHONE
NAME		STREET ADDRESS ___RESIDENCE ___BUSINESS			EMAIL ADDRESS	
HOW LONG KNOWN?	OCCUPATION	CITY	STATE	ZIP	HOME PHONE	BUSINESS PHONE
NAME		STREET ADDRESS ___RESIDENCE ___BUSINESS			EMAIL ADDRESS	
HOW LONG KNOWN?	OCCUPATION	CITY	STATE	ZIP	HOME PHONE	BUSINESS PHONE

4. EDUCATION

INDICATE BY CHECKING THE SELECTION BELOW IF YOU HAVE ANY OF THE FOLLOWING:

HIGH SCHOOL DIPLOMA _____

G.E.D. CERTIFICATE _____

ARE YOU CURRENTLY ATTENDING SCHOOL? YES _____ NO _____

IF YES, WHAT SCHOOL ARE YOU ATTENDING? _____

WHAT GRADE ARE YOU CURRENTLY IN? _____ WHAT IS YOUR CURRENT GRADE POINT AVERAGE? _____

PLEASE LIST ANY, HIGH SCHOOL OR COLLEGE YOU HAVE ATTENDED IN CHRONOLOGICAL ORDER.

DATES	NAME OF SCHOOL	ADDRESS, IF OUTSIDE ALBANY	YEAR IN SCHOOL

HAVE YOU EVER BEEN SUSPENDED, DISCIPLINED OR EXPELLED FROM ANY SCHOOL? YES _____ NO _____

IF YES, PLEASE EXPLAIN: _____

5. EMPLOYMENT HISTORY

HAVE YOU EVER BEEN EMPLOYED? YES _____ NO _____

ARE YOU CURRENTLY EMPLOYED? YES _____ NO _____

IF YOU HAVE BEEN EMPLOYED BEFORE, HAVE YOU EVER BEEN FIRED, DISMISSED OR ASKED TO RESIGN FROM ANY EMPLOYMENT? YES _____ NO _____

IF YES, PLEASE EXPLAIN: _____

IF YOU HAVE NOT BEEN EMPLOYED BEFORE YOU MAY SKIP THE FOLLOWING SECTION.

IF YOU HAVE BEEN EMPLOYED BEFORE, YOU NEED TO COMPLETE THE SECTION ON THE FOLLOWING PAGE.

5. EMPLOYMENT HISTORY (continued)

BEGINNING WITH YOUR PRESENT OR MOST RECENT EMPLOYER (EVEN IF CURRENTLY RETIRED), LIST ALL THE PLACES YOU HAVE WORKED FOR THE LAST FIFTEEN YEARS. PLEASE KEEP THEM IN PROPER ORDER. LIST ALL EMPLOYMENT INCLUDING PART-TIME EMPLOYMENT AND TEMPORARY ASSIGNMENTS. (SEE SECTION #11 FOR VOLUNTEER SERVICE). YOU MUST LIST EVERYTHING, OMIT NOTHING. (IF ADDITIONAL SPACE IS NEEDED, ATTACH A SEPARATE SHEET OF PAPER OR WRITE ON BACK PAGE.)

CURRENT OR MOST RECENT EMPLOYER	NAME OF BUSINESS		JOB TITLE	
	STREET ADDRESS		SUPERVISOR	
FROM:	CITY	PHONE NUMBER		STARTING SALARY
TO: PRESENT	STATE	ZIP		ENDING SALARY
DESCRIBE YOUR DUTIES: _____				

EMPLOYER	NAME OF BUSINESS		JOB TITLE	
	STREET ADDRESS		SUPERVISOR	
FROM:	CITY	PHONE NUMBER		STARTING SALARY
TO: PRESENT	STATE	ZIP		ENDING SALARY
DESCRIBE YOUR DUTIES: _____				

EMPLOYER	NAME OF BUSINESS		JOB TITLE	
	STREET ADDRESS		SUPERVISOR	
FROM:	CITY	PHONE NUMBER		STARTING SALARY
TO: PRESENT	STATE	ZIP		ENDING SALARY
DESCRIBE YOUR DUTIES: _____				

6. ARREST / CRIMINAL HISTORY

THE FOLLOWING QUESTIONS PERTAIN TO YOUR EXPERIENCES IN THIS COUNTRY AND ALL OTHER COUNTRIES, AS AN ADULT. DO NOT INCLUDE MINOR TRAFFIC VIOLATIONS. EXPLAIN ANY "YES" ANSWERS IN DETAIL ON BACK PAGE.

	YES	NO
A. HAVE YOU EVER HAD ANY CONTACT WITH ANY LAW ENFORCEMENT OFFICIAL?		
B. HAVE YOU EVER BEEN WARNED ABOUT ANYTHING BY A LAW ENFORCEMENT OFFICIAL?		
C. HAVE YOU EVER BEEN DETAINED BY A LAW ENFORCEMENT OFFICIAL?		
D. HAVE YOU EVER BEEN ACCUSED OF A CRIME?		
E. HAVE YOU EVER BEEN CHARGED WITH A CRIME?		
F. HAVE YOU EVER BEEN ARRESTED?		
G. HAVE YOU EVER BEEN CONVICTED OF A CRIME?		
H. HAVE YOU EVER BEEN BOOKED INTO JAIL?		
I. HAVE YOU EVER RECEIVED A CRIMINAL CITATION?		
J. HAVE ANY OF YOUR RELATIVES EVER BEEN CONVICTED OR HELD IN ANY DETENTION FACILITY, JAIL OR PRISON?		
K. HAVE THE POLICE EVER BEEN CALLED TO YOUR HOME FOR ANY REASON?		

IF YOU HAVE ANSWERED "YES" TO ANY OF THE ABOVE QUESTIONS, LIST THE INCIDENT BELOW AND MAKE CERTAIN YOU HAVE EXPLAINED THE INCIDENT ON BACK PAGE. BE SURE TO REFER TO THE QUESTIONS BY IT'S LETTER (A THRU K) WHEN EXPLAINING IT. ALL INCIDENTS MUST BE EXPLAINED.

QUESTION A THRU K	DATE	REASON / CHARGE	LAW ENFORCEMENT AGENCY — CITY/STATE	DISPOSITION / SENTENCE

7. DRIVING HISTORY

HAVE YOU EVER HAD A DRIVER'S LICENSE? NO _____ YES _____ DRIVER LICENSE NO. _____

HAVE YOU EVER HAD A DRIVER'S LICENSE CANCELED, REFUSED, REVOKED OR SUSPENDED? YES _____ NO _____

IF YES, YOU MUST EXPLAIN, IN DETAIL, ON BACK PAGE THE REASON FOR THIS ACTION AND THE DATES.

ISSUE DATE	TYPE OF LICENSE	EXPIRATION DATE	STATE	LICENSE NUMBER

HAVE YOU EVER ATTENDED A DRIVER IMPROVEMENT SCHOOL? YES _____ NO _____

WHEN _____ WHERE? _____

7. DRIVING HISTORY (continued)

LIST EACH AND EVERY TRAFFIC CITATION, SUMMONS AND WRITTEN WARNING YOU HAVE RECEIVED IN THE LAST FIFTEEN YEARS. LIST IN CHRONOLOGICAL ORDER, BEGINNING WITH THE MOST RECENT. IF YOU NEED ADDITIONAL SPACE, USE BACK PAGE.

MONTH / YEAR	VIOLATION	CITY / STATE	DISPOSITION / RESULT

HAVE YOU EVER BEEN CHARGED WITH DRIVING UNDER THE INFLUENCE OF ALCOHOL OR DRUGS? YES ____ NO ____

HAVE YOU EVER BEEN INVOLVED WITH AGGRAVATED, AGGRESSIVE OR RECKLESS DRIVING? YES ____ NO ____

8. USE OF LIQUOR AND NARCOTICS

A "YES" ANSWER TO THE QUESTIONS BELOW DOES NOT AUTOMATICALLY DISQUALIFY YOU FROM APPLYING FOR THE ALBANY POLICE VOLUNTEER PROGRAM. AN UNTRUTHFUL ANSWER WILL DISQUALIFY YOU.

HAVE YOU EVER CONSUMED ALCOHOLIC BEVERAGES? YES ____ NO ____

DO YOU NOW CONSUME ALCOHOLIC BEVERAGES? YES ____ NO ____

IF YES, WHEN WAS THE LAST TIME? _____

WHAT TYPE OF ALCOHOL DID YOU CONSUME? _____

HAVE YOU EVER TRIED OR USED ANY NARCOTIC OR DANGEROUS DRUG WITHOUT A DOCTOR'S PRESCRIPTION? YES ____ NO ____
IF YES, EXPLAIN ON BACK PAGE.

IF YOU HAVE TRIED, USED OR INJECTED ANY OF THE DRUGS LISTED BELOW, CHECK THE "YES" BOX. IF YOU HAVE NOT, CHECK THE "NO" BOX. INCLUDE THE NUMBER OF TIMES AND DATES.

TYPE	YES	NO	TOTAL # OF TIMES	DATE LAST USED	TYPE	YES	NO	TOTAL # OF TIMES	DATE LAST USED
MARIJUANA					COCAINE				
INHALANTS					HEROIN				
THAI STICKS					OPIUM				
BARBITURATES					INJECTABLE STEROIDS				
AMPHETAMINES (SPEED, ETC.)					ORAL STEROIDS				
HASHISH					HALLUCINOGENIC SUBSTANCES (LSD, PCP, Mescaline, MUSHROOMS, ETC.)				

IF YOU HAVE TRIED OR USED ANY OF THE DRUGS LISTED ABOVE, OR IF YOU HAVE TRIED OR USED A DRUG WITHOUT A DOCTOR'S PRESCRIPTION, EXPLAIN IT IN DETAIL ON BACK PAGE. YOU MUST INCLUDE THE DATES AND NUMBER OF TIMES USED.

11. VOLUNTEER HISTORY

IDENTIFY ALL OF THE ORGANIZATIONS FOR WHICH YOU HAVE VOLUNTEERED IN THE PREVIOUS FIFTEEN YEARS.

FROM /TO	ORGANIZATION	POSITION HELD	SUPERVISOR & PHONE

Please indicate your abilities by marking all boxes that apply to you:

- | | |
|---|--|
| <input type="checkbox"/> Use a Ladder
<input type="checkbox"/> Lift 20- 30lbs
<input type="checkbox"/> Use a Drill
<input type="checkbox"/> Install Hardware
<input type="checkbox"/> Use Miscellaneous Tools
<input type="checkbox"/> Woodworking Skills
<input type="checkbox"/> Drive a Vehicle
<input type="checkbox"/> Pull or back a trailer
<input type="checkbox"/> Ride a Bicycle
<input type="checkbox"/> Walk up to 3 miles | <input type="checkbox"/> Communicate with Public
<input type="checkbox"/> Educate Public on Programs
<input type="checkbox"/> Complete Detailed Paperwork
<input type="checkbox"/> Use of Microsoft Word/Excel
<input type="checkbox"/> Use a Copier/Scanner
<input type="checkbox"/> Use E-mail
<input type="checkbox"/> Use a Cell Phone (Smart phone)
<input type="checkbox"/> Other _____
<input type="checkbox"/> Other _____ |
|---|--|

Please indicate your desired Volunteer position by marking all boxes that apply to you:

- Installer for SASSI Program
- Home Safety Inspector for SASSI Program
- Assist with Clerical Duties in Office
- Safe Vehicle Reminder
- Disability Parking
- Radar Trailer Deployment
- Assist with Department Events
- Park/Trail Security

How many hours per month can you commit to?

- 5-10
- 10-15
- 15-20
- 20-40

PLEASE READ THE FOLLOWING STATEMENTS AND SIGN PRIOR TO SUBMITTING THIS QUESTIONNAIRE.

I affirm that this questionnaire contains no misrepresentations or falsifications, omissions, or concealment of material fact, and that the information given by me is true and complete to the best of my knowledge and belief. I am aware that statements made by me on this questionnaire are subject to later investigation. I am further aware that should any investigation disclose any misrepresentation, falsification, omission, or concealment of material fact, my application may be rejected and I will not be eligible to become a Volunteer with the Albany Police Department. If I have already been accepted, I may be dismissed.

I authorize the Albany Police Department to make inquiry of employers and references listed on the questionnaire regarding my integrity, reputation and character.

I realize that it is necessary for the Albany Police Department to thoroughly investigate all aspects of my personal background and qualifications. By applying to be a volunteer with the Albany Police Department, I expressly waive all my legal rights and causes of action to the extent that the Albany Police Department investigation (for purposes of evaluating my suitability) may violate or infringe upon these aforementioned legal rights and causes of action of mine.

The undersigned further agrees to hold harmless and release from liability, under any and all possible cause of action, the City of Albany, the Albany Police Department, their officers, agents, and employees for any statements, acts or omissions in the course of the investigation into my background, family, personal habits and reputation, and my mental and physical health.

I also agree to participate in the Volunteer activities if accepted into the Albany Police Volunteer Program. I agree to exonerate and hold harmless the Chief of Police of the City of Albany, its officers, advisors, and Volunteers in the event of any accident or injury which may occur as a result of my participating in the Volunteer activities with this organization.

Signature of Volunteer Applicant

Date

Printed Name of Volunteer Applicant

Date