

## **Boise Police Department** External Volunteer Application

Please mail or hand-carry the completed application to:
Volunteer Coordinator
Boise Police Department
6140 Corporal
Boise, ID 83704

Questions?: Call 373-5487 or e-mail gcrawforth@cityofboise.org

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Last Name Firs		st Name	Middle Name		CPA class, if applicable:			
	***************************************							
Prior names used (including					***************************************			
Please list addresses for past 5 years beginning with current address. Use additional page if necessary:								
Street Address:		City:	State:	Zip:	How long there?:			
Street Address:		City:	State:	Zip:	How long there?:			
Day/Work Phone	Evening/Home Phone	Cell Phone	Fax #		E-mail address			
SSN	DOB mm/dd/yy	Driver's License #	State Is	ssued	Expiration date			
Emergency Contact	I	Relationship	Phone Number(s)					
Please list the type of volunteer work you are most interested in								
Please list any experiences and/or skills that qualify you for a volunteer position								
Please list the preferred days and times when you could volunteer								
The process to become an external volunteer with the Boise Police Department includes a Criminal History Records Check and a Background Investigation. This process may take a number of weeks to complete. The following information may be used to complete your application process. Please list three additional references - personal and professional - on the back of this form								
Present or last employer:			[]	ok to conta	ct [] do not contact			
Bus Name	Ac	idress		Phone	#			
Supervisor's name & title _	pervisor's name & title Supervisor's phone							
Dates of employment Reason for leaving								
. •	ob Title Job duties							
The facts set forth in this application and other such information submitted are true and complete. The Boise Police Department (BPD) has my permission to conduct whatever background check necessary to determine my fitness to perform in the capacity of volunteer for the Department. I agree to waive any claims or rights of action against the City of Boise and the BPD for injuries that may arise from my volunteer duties. The BPD reserves the right to remove any citizen volunteer from this program at any time, with or without cause								
Date:		Signature:						
I became aware of the Boise Police Department Volunteer Program through:								
Criminal History Check:	Yes D No D	Background Check: Yes	□ No □	Recom	mended: Yes 🗆 No 🗅			
Approval Signature		Date			assigned: 6/01			

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