ATTACHMENT #1 (APPLICATION)

Dear Applicant,

Thank you for expressing an interest in our Volunteers in Action Program (VIA) We are committed to establishing a program which best utilizes the wealth of talent, experience and desire to serve the community that volunteers would bring to our Department

Our goal is to match your skills and interests to the department's needs This will provide meaningful assignments for all applicants In return we ask our volunteers to make a six month commitment and donate a minimum of 12 hours a month to our program

All volunteer applicants must successfully complete a criminal background check. The information you provide us with on this application allows us to complete this check. Failure to provide us with all requested information may result in your application not being processed.

Volunteers must live or work in the City of Riverside, be 18 years of age and have no felony convictions. Misdemeanor crimes will be judged on a case by case bases.

When you have completed the application, please return it to:

Riverside Police Department Attn: Volunteer Services 6059 Magnolia Ave Riverside, Ca 92506

After your application is received, you will be contacted for an oral interview If you have any questions or concerns, please feel free to contact me at (909) 715-3417

Again, thank you for your interest in our program.

Sincerely,

Kelly Lawler

Volunteer Services Coordinator Riverside Police Department

CITIZEN VOLUNTEER APPLICATION

PERSONAL INFORMATION

| FULL NAME: | | | | | | |
|----------------------------|---|---|------------|--|--|--|
| ADDRESS: | c | ZIP: | | | | |
| HOME PHONE:() | | | | | | |
| PLACE OF BIRTH: | DATE OF BIRTH: | | | | | |
| CALIFORNIA DRIVERS LICENSI | | | | | | |
| SOCIAL SECURITY NUMBER: _ | | | | | | |
| HT:WT: | | | | | | |
| EMERGENCY CONTACT: | | | | | | |
| Please | PERSONAL REI | | I zip code | | | |
| NAME: | | | • | | | |
| PHONE: | | | | | | |
| | | | | | | |
| NAME: | | | | | | |
| PHONE: | RELATIONSHIP: | *************************************** | | | | |
| NAME: | ADDRESS: | | | | | |
| PHONE: | RELATIONSHIP: | | | | | |
| | EMPLOYMENT IN List most recent en | | | | | |
| COMPANY NAME: | *************************************** | PHONE:(|) | | | |
| ADDRESS: | | | ZIP CODE: | | | |
| FROM:1O: | JOB TITLE/ DUTIES:_ | | | | | |
| | | | A | | | |
| COMPANY NAME | | DIJONIE () | | | | |
| COMPANY NAME: | | | | | | |

| TROM:10: | JOB TITLE/ DUTIES: | | | 1 | |
|---|---|------------|---|----------|---|
| | EDUCATIONAL BACKGR | OUND | | | |
| HIGH SCHOOL: | EDUCATIONAL DACKGR | | | | |
| | MAJOR: | | | | |
| | | | | | |
| ARE YOU BILINGUAL? | LANGUAGE(S): | | *************************************** | | *************************************** |
| DO YOU HAVE ANY SPECIAL SK | LILLS WHICH YOU FEEL WOULD BE | AN ASSET | IO OUR PRO | GRAM? | IF SO PLEASE |
| | | | | | |
| | YOU ARE WILLING TO VOLUNTEE | | | | |
| , | <u>CRIMINAL HISTORY</u> | | | | |
| HAVE YOU EVER BEEN ARRESTE UNLESS YOU WERE TAKEN INT | ED, CHARGED OR CONVICTED OF AN O CUSTODY NO: YES:_ | NY CRIME D | O NOT INCLU | DE TRAI | FFIC TICKETS |
| IF YES, PLEASE EXPLAIN ON A | | | | | |
| | MILITARY HISTOI | <u>RY</u> | | , | |
| BRANCH | | TOTAL | YEARS | OF | SERVICE |
| DID YOU RECEIVE AN HO | — NORABLE DISCHARGE? YES | S:NC |) | | |

Please attach a one page narrative explaining your reasons for becoming a citizen volunteer for the Riverside Police Department.