



OMAHA POLICE DEPARTMENT



Volunteer Application

Today's Date _____

Name _____
Last First Middle

Maiden / Other Names _____

Current Residence Phone _____ Business Phone _____

Cell phone _____ E-mail Address _____

Date of Birth _____ Birth State _____

Social Security No. _____ Driver's License No. / State _____

US Citizenship ___Yes ___No. If No, Citizen of which country _____ US Visa Classification _____

List all the addresses where you have lived in the past five (5) years, beginning with your present address and list previous ones. Attached additional sheets if necessary.

Address, City, State, Zip Code	Date From		Date To	
	Month	Year	Month	Year

Address, City, State, Zip Code	Date From		Date To	
	Month	Year	Month	Year

Address, City, State, Zip Code	Date From		Date To	
	Month	Year	Month	Year

SKILLS / EDUCATION

What skills/education do you possess? _____

Do you speak or read a foreign language? _____ Which one(s)? _____

CRIMINAL HISTORY

Have you been convicted of a felony or misdemeanor crime? Yes () No () If yes, explain on page 4.

EMPLOYMENT HISTORY

List all employment you have had over the past ten (10) years, beginning with the most recent. Include military, full and part-time employment and all periods of employment. Attach additional sheets if necessary.

Business Name				
Address, City, State, Zip Code				Phone
From: Month	Year	Position Held		Supervisor
To: Month	Year	Duties		Co-Worker
Reason For Leaving Employment (Explain)				
Fired	Quit	Laid-Off	Asked to leave	[Circle One]

Business Name				
Address, City, State, Zip Code				Phone
From: Month	Year	Position Held		Supervisor
To: Month	Year	Duties		Co-Worker
Reason For Leaving Employment (Explain)				
Fired	Quit	Laid-Off	Asked to leave	[Circle One]

Business Name				
Address, City, State, Zip Code				Phone
From: Month	Year	Position Held		Supervisor
To: Month	Year	Duties		Co-Worker
Reason For Leaving Employment (Explain)				
Fired	Quit	Laid-Off	Asked to leave	[Circle One]

PERSONAL REFERENCES

List only persons you have known for at least six (6) months. Do not list relatives, former employers, teachers or physicians.

Name: Last/First/Middle	Home Address, City, State, Zip Code	Home Telephone
Business Name	Business Address, City, State, Zip Code	Business Telephone

Name: Last/First/Middle	Home Address, City, State, Zip Code	Home Telephone
Business Name	Business Address, City, State, Zip Code	Business Telephone

Name: Last/First/Middle	Home Address, City, State, Zip Code	Home Telephone
Business Name	Business Address, City, State, Zip Code	Business Telephone

DOMESTIC VIOLENCE

Have you ever been convicted of any type of crime involving domestic violence? Yes () No ()

Have you ever committed an act of domestic violence? Yes () No () If yes explain on page 4.

Have you ever been involved in a child abuse or child neglect investigation of any kind?
Yes () No () If yes explain on page 4.

Have you ever been a victim of a domestic disturbance? Yes () No () If yes explain on page 4.

Have you ever had a Protection Order sworn out against you? Yes () No (). Explain on page 4.

Have you ever sworn out a Protection Order on any one else? Yes () No () Explain on page 4.

Additional Questions:

Have you used marijuana, illegal drugs, or abused prescription drugs? Yes ____ No ____
If yes, name the substance, the frequency of use, and period of uses on page 4

Have you ever bought, sold, distributed, manufactured or abused illegal drugs? Yes ____ No ____
If yes, name the substance, the frequency of use, and period of uses on page 4

Since the age of sixteen, have you ever taken money or property from an employer or stolen money or property from someone else? Yes ____ No ____
If yes, explain the circumstances, item or amount, and when on page 4.

How were you referred to the Omaha Police Department Volunteer Program? _____

Have you ever been employed or volunteered with the City of Omaha Yes () No () . If yes, which Department and when? _____

Have you or are you currently receiving treatment/counseling for psychiatric problems? Yes () No ()
If yes, list when, where, and why. _____

CERTIFICATION STATEMENT

I certify that all of the above questions have been answered to the best of my knowledge, and I understand that any false answers, omissions, or deceptions may be the basis for my rejection or termination from volunteering. **I understand before being accepted into this program a criminal history check, personal history check, reference check and personal interview will be conducted.**

(Date)

(Signature)

When Using This Additional Space Page Note The Specific Section

OFFICIAL USE ONLY

Date Started _____ Date Ended _____