

# An Invitation...

## *TO JOIN OUR* *SOUTH BEND POLICE* **'VOLUNTEERS IN POLICING'** **CORPS**

We are taking applications for our

\_\_\_\_\_ Civilian Volunteer Officers (C.V.O.'s)

(Uniformed patrol volunteers: help with traffic control, write tickets, patrol areas)

\_\_\_\_\_ Volunteer Area Patrols

(Non-uniformed volunteers: patrol city neighborhoods)

\_\_\_\_\_ Clerical/Office Staff

(Office clerical work and computer work)

If you are interested in any of these assignments, as a volunteer, please mark your area of interest listed above, complete this form and the attached application and return them to: Volunteer Coordinator, South Bend Police Department, 701 West Sample Street, South Bend, Indiana 46601.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP CODE \_\_\_\_\_

TELEPHONE \_\_\_\_\_

**NOTE:** Any history of criminal conviction/s, repeated traffic offenses, substance abuse or mental illness will disqualify a candidate for this program. Applicants must be at least 18 years of age.

**VOLUNTEERS IN POLICING**

**South Bend Police Department**

**VOLUNTEER APPLICATION**

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Number Street City/State Zip

Date of Birth \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_ Married: Yes \_\_\_\_\_ No \_\_\_\_\_

Indiana Driver's License No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

Is this licence currently valid: Yes \_\_\_\_\_ No \_\_\_\_\_ Do you have transportation? \_\_\_\_\_

Home Phone No. \_\_\_\_\_ Work Phone No. \_\_\_\_\_

Please list and explain any other names you have used: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any languages, other than English, which you speak fluently: \_\_\_\_\_  
\_\_\_\_\_

List any special skills, training, interests or hobbies you have that may be useful to the Police Department: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Education: High School Diploma/GED: Yes \_\_\_\_\_ No \_\_\_\_\_ Graduation Year: \_\_\_\_\_

Name and City of High School Attended: \_\_\_\_\_

College: School attended: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

Degree and year received: \_\_\_\_\_

Volunteer Experience: \_\_\_\_\_  
\_\_\_\_\_

Days available for volunteer work: Sun Mon Tues Wed Thurs Fri Sat  
(Please Circle)

Preferred hours of the day: \_\_\_\_\_ to \_\_\_\_\_ Number of hours preferred: \_\_\_\_\_ per day \_\_\_\_\_ per week

Work Experience (please start with most recent employer first):

1

Employer	City	State	Zip	Phone
Supervisor	Duties			Dates: To/From

2.

Employer	City	State	Zip	Phone
Supervisor	Duties			Dates: To/From

3.

Employer	City	State	Zip	Phone
Supervisor	Duties			Dates: To/From

4.

Employer	City	State	Zip	Phone
Supervisor	Duties			Dates: To/From

How did you hear about the volunteer program? \_\_\_\_\_

Have you ever used or tried any narcotic drugs (including marijuana) without a doctor's prescription? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever committed a felony or misdemeanor? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been arrested and/or convicted of a felony or misdemeanor? Yes \_\_\_\_\_ No \_\_\_\_\_

Is there anything in your past which might disqualify you from functioning as a volunteer for the South Bend Police Department? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please describe briefly \_\_\_\_\_

List two personal references other than family:

1	Name	Address	City/State/Zip	Phone	Relationship
2	Name	Address	City/State/Zip	Phone	Relationship

In case of an emergency, please contact:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to volunteer \_\_\_\_\_

Do you have medical insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Company \_\_\_\_\_ Policy Number \_\_\_\_\_

As a volunteer for a position with the South Bend Police Department, I am willing to furnish information for use in determining my qualifications. In this connection, I authorize release of any and all information that you may have concerning me, including information of a confidential or privileged nature.

I hereby release you, your organization or others from liability of damage which may result from furnishing the information requested.

I understand that for security reasons a basic clearance check will be conducted and I will be fingerprinted. Further background information will be requested only if a specific volunteer assignment calls for a full security check. This may include a polygraph.

I understand that falsifying statements on this application or during the interview process is cause for my immediate dismissal from the volunteer program.

Signature \_\_\_\_\_ Date \_\_\_\_\_