



SPRINGFIELD POLICE DEPARTMENT

VOLUNTEER REQUEST FORM



Complete the following information listing specific responsibilities, duties and qualifications requirements for the position. Detailed information will facilitate the selection of a qualified candidate. Submit the completed request to the Training Section Lieutenant via the Chain of Command.

General Information			
Date:	Name of Requesting Party:	DSN:	
Bureau:	Division:	Section:	Unit:
Reason for Request:			
Job Description			
Position Title: A specific, descriptive title provides the volunteer with a sense of identify and ensures that salaried staff and other volunteers understand this particular role. Steer away from descriptions that have to do with the presence or lack of pay. For example: Why call a receptionist a "volunteer" receptionist, when you don't say "paid" receptionist for a staff member.			
Primary Purpose: Identify how this position will affect the assigned unit or project's outcome. It is important to identify the expected impact for services provided so that volunteers will understand how important their work is.			
Supervision: Identify the Chain of Command for this position.			
Key Responsibilities and Duties: Identify what is expected from this volunteer and specifically identify the responsibilities and duties for this position.			
Qualification Required: List clear and concrete qualifications, including education, personal characteristics, skills, abilities, Licensing, Certification and/or experience required.			
Physical Requirements:			

Working Environment:		
Dress Code:		
Training: List all training the volunteer will receive, include general training that all positions receive plus any position-specific training for this assignment.		
Commitment Expected: Include length of assignment, hours per week, and hours per day. Include any special requirements such as weekend work.		
Additional Information: Include any other information not covered above that will facilitate selecting the best candidate for the position.		
Signature of Requesting Party	DSN:	Date:
Chain of Command Review		
Supervisor / Sergeant Comments:		
Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Supervisor / Sergeant Signature / DSN / Date:	
Lieutenant Comments:		
Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Lieutenant Signature / DSN / Date:	
Division Commander Comments:		
Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Division Commander Signature / DSN / Date:	
Training Section Approval		
Training Lieutenant Comments:		
Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Lieutenant / DSN / Date:	
Date Assigned to Volunteer Coordinator:		