

West Covina Police Department Volunteer Application

Name: _____ **Date:** _____
(Last, First, Middle)

Address: _____
(Street) (City, State, Zip Code)

Email Address: _____

Home Phone: _____ **Cell Phone:** _____

Date of Birth: ____/____/____ **Age:** _____

California Driver License # _____ **Expiration Date:** _____
(Must have a valid California Driver License and proof of auto insurance)

Background Information (Please complete as fully as possible)

Highest Education Level: Grade School High School Some College College Degree

Fully Retired: Yes No

Still Working: Yes No **If Yes:** Full Time Part Time

Current/Last Employer: _____

Presently Have Transportation: Yes No

Any current illness or disability that we should be aware of: Yes No If yes, please explain

Have you ever been convicted of a crime: Yes No If yes, please explain

Have you ever wanted to be a police officer: Yes No If yes, please explain

What, if any, special skills do you possess? (e.g., computer, technical, mechanical)

WCPD Volunteer Application (Continued)

What particular days are you available to work: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

What hours are you available to work: Mornings Afternoons Evenings

Would you object to working in cold, windy, and/or rainy weather: Yes No If yes, please explain

Are you available to respond to assist with critical incidents when called: Yes No If yes, please explain

Do you enjoy working with others: Yes No

Would you be willing to work with a partner: Yes No

Do you object to grooming standards and/or dress codes: Yes No If yes, please explain

Have you ever used a two-way radio and/or understand its function: Yes No

Are you familiar with the phonetic alphabet: Yes No

If you are selected for the program, could you attend a monthly meeting usually on the 3rd Tuesday of each month:
Yes No

I understand that I must commit to at least 4 hours of volunteer work with the West Covina Police Department per week. Initial _____

I understand that I must pass an interview and background investigation before being allowed to volunteer.
Initial _____

I understand that if selected to volunteer, I will do so at the will of the Chief of Police or his designee and the volunteer relationship can be terminated at any time for any reason. Initial _____

Signature: _____

Date: _____

Email Completed Applications to: volunteer@wcpd.org

-or-

Mail completed application to:
West Covina Police Department
Attn: Volunteer Application
1444 W Garvey Ave, West Covina, CA 91790
