



# Adult Volunteer Application

I.D. # \_\_\_\_\_  
 Department: \_\_\_\_\_  
 Division: \_\_\_\_\_  
 Program: \_\_\_\_\_

Name:		Last	First	Middle Initial
Address:		Number	Street	Apt. No. City State Zip Code
Home Phone		Work Phone	California Drivers License #	Class: Exp. Date
Social Security Number:		Are you under age 18? <input type="checkbox"/> Yes <input type="checkbox"/> No		Month and Day of Birth (optional)
Email Address:		Would you like to receive emails about upcoming volunteer opportunities?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you taken the Police Citizens Academy class? If so when?				
Emergency Contact:		Name:	Phone	Day Evening
		Address:	City	Zip

Please answer the following questions. If the answer to any of the questions is YES, please give details to the right.

- |                                                                                                                                                                                             |                          |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
|                                                                                                                                                                                             | Yes                      | No                       |
| 1. Do you have a disability which may limit your ability to perform the job for which you have applied                                                                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you, as an adult, been convicted of a violation of the law, excluding minor traffic violations? A fingerprint check may be made. A YES answer will not automatically disqualify you | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever been discharged from a position?                                                                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever worked for the City of Fremont?                                                                                                                                            | <input type="checkbox"/> | <input type="checkbox"/> |

EDUCATION: Check the highest grade you completed:

	1	2	3	4	5	6	7	8	9	10	11	12	or more
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

High School Graduate  Yes  No      Passed High School Equivalency Tests  Yes

<i>Name and Location of College or University</i>	<i>Major Subject(s)</i>	<i>Semester Units</i>	<i>Quarter Units</i>	<i>Degree</i>
<i>Completed</i>				

Certificate of Training, Licenses or Professional Registration

WORK EXPERIENCE: Are you presently employed? (Check as many as apply)

- |                                             |                                             |                                                 |
|---------------------------------------------|---------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Employed full-time | <input type="checkbox"/> Employed part-time | <input type="checkbox"/> Temporarily unemployed |
| <input type="checkbox"/> Full-time student  | <input type="checkbox"/> Part-time student  | <input type="checkbox"/> Looking for work       |

CURRENT EMPLOYER OR SCHOOL:

Name		
Address		Phone
Job Title or School	Position or Major	

PREVIOUS WORK EXPERIENCE:

REFERENCE:

PREVIOUS VOLUNTEER JOBS

REFERENCE:

WHAT VOLUNTEER POSITION ARE YOU APPLYING FOR?

WHAT ARE YOUR PRESENT GOALS FOR A VOLUNTEER JOB? (e.g., gain school credit, work experience, etc.)

Times Available:  M  T  W  Th  F  Sat  Sun  Mornings  Afternoons  Evenings

Length of Assignment Desired:  3 mos.  6 mos.  6-12 mos.  More than year  Spot jobs  Special Projects

Do you have transportation to and from your volunteer assignment?  Yes  No

Fluent Languages (other than English) Language \_\_\_\_\_  Read  Speak  Write

I hereby certify that all statements made in this application are true and I authorize investigation of all matters contained in the application. I acknowledge that any false statements or misrepresentation on this application will be cause for refusal of placement or immediate dismissal at any time during the period of my placement. I am aware that fingerprinting, criminal history check and a background investigation will be required before placement in the Police or Fire Departments, and for any sensitive volunteer positions.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian/ Guardian if Volunteer is a Minor: \_\_\_\_\_ Date: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Return to:**   
**Susan Iton**  
**Fremont Police Department,**  
**2000 Stevenson Blvd., Fremont, CA 94537**  
**Phone: (510) 790-6691 Fax: (510) 790-6741**