

## Fremont Police Department Adult Volunteer Application

I.D. #	
Department:	
Division:	
Program:	

Last Name:	First	Middle initial
Number Street	Apt. No. City	State Zip Code
Address: Home Phone Work Phone	California Driver's License #	Class Exp. Date
Social Security Number:	Are you under age 18? Yes No	Month and Day of Birth (optional)
Email Address:	Would you like to receive emails a upcoming volunteer opportunities	
Have you taken the Police Citizens Academy class? If so, when?	upcoming volunteer opportunities	<del>-</del>
Emergency Name:	Phone:	Day Evening
Contact:	City	Zip
Address:  Please answer the following questions. If the answer to any of the questions is YES, please give details to the right.		
<ol> <li>Do you have a disability which may limit your ability to perform the job for which you have applied</li> <li>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.</li> <li>Have you ever been discharged from a position?</li> <li>Have you ever worked for the City of Fremont?</li> </ol> EDUCATION: Check the highest grade 1 2 you completed:	Yes No 3 4 5 6 7	8 9 10 11 12 or more
High School Graduate Yes No	Passed High School E	quivalency Tests
Name and Location of College or University Majo	r Subject(s) Semester Un	ompleted nits Quarter Units Degree
Certificates of Training, Licenses or Professional Registrations	T	
WORK EXPERIENCE: Are you presently employed? (Check as	many oc anniv)	
Employed full-time		
Address		Phone
Job Title or School:	Position or Major:	
PREVIOUS WORK EXPERIENCE: Reference:	Tooldon of Major.	
PREVIOUS VOLUNTEER JOBS:		
Reference:		
WHAT VOLUNTEER POSITION ARE YOU APPLYING FOR?  (Must list a specific position that is currently open)  Reason(s) for volunteering? (e.g., gain school credit, work experience, etc.)		
Times Available: M T W Th F  Length of Assignment Desired: 3 mos. 6 mos.	Sat Sun Morning  6-12 mos. More than y	
Do you have transportation to and from your volunteer assignment		
Fluent Languages (other than English) Language:		Read Speak Write
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:

CSO Linda Otoya Fremont Police Department 2000 Stevenson Blvd., Fremont CA 94537 Phone: (510) 790-6691 LOtoya@fremont.gov