

# VOLUNTEERS IN POLICE SERVICE



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## APPLICATION

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

Address: \_\_\_\_\_  
No. Street City State Zip

Date of Birth: \_\_\_\_ \ \_\_\_\_ \ \_\_\_\_ Social Security No. \_\_\_\_\_ Driver's License No. \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

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

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

Educational background: High School Diploma/GED: Yes  No

College attended: \_\_\_\_\_ Degree received \_\_\_\_\_

Days available for volunteer work: Sun Mon Tues Wed Thurs Fri Sat

Preferred hours per day: \_\_\_\_\_ to \_\_\_\_\_

Please complete all pages and return signed copies to:  
Mike Banks, VIPS coordinator  
708 Rosedale Avenue  
Capitola, CA 95010

Questions? Call Mike at 831.419.0573

Work Experience (most recent first):

Employer	Address	Supervisor	Duties	From	To
1.					
2.					
3.					

Have you ever used or tried any narcotic drugs 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 Capitola Police Department: Yes  No  If yes, describe briefly: \_\_\_\_\_

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List two personal references other than family:

Name	Address	Phone	Relationship
1.			
2.			

In case of emergency, please contact: Name \_\_\_\_\_ Phone \_\_\_\_\_

**Relationship to Volunteer:**

As a volunteer for a position with the Capitola 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 to you, your organization, or others from liability or 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.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **Capitola Police Department Automatic Disqualifiers**

The Capitola Police Department will automatically disqualify any individual who has at any time:

1. **Been convicted of a felony or any offense that would be a felony if committed in California.**
2. **Used ("tried") marijuana in the past six months or used marijuana other than for experimentation.**
3. **Sold marijuana.**
4. **Used ("tried") any dangerous drugs or narcotics including cocaine, crack, heroin, LSD, etc.**
5. **Sold narcotics or dangerous drugs.**
6. **Been dishonorably discharged from the United States armed forces.**
7. **Had a pattern of abusing prescription medication.**
8. **Had excessive traffic violations within the past three years.**
9. **Been previously employed as a law enforcement agent and since has committed or violated federal, state or city laws pertaining to criminal activity.**
10. **Lied during any state of the hiring process.**
11. **Falsified his/her questionnaire or application.**

## **Discretionary Disqualifiers**

The following Disqualifiers may, upon review by the Capitola Police Department, make you ineligible for Volunteers in Policing

1. **A physical or mental disability that would substantially impair an individual's ability to perform his/her duties.**
2. **Alcohol misuse and/or abuse.**
3. **Unlawful or improper sexual conduct.**
4. **Excessive traffic violations.**
5. **Commission of a felony.**
6. **Any discharge from the U.S. Armed Forces other than an honorable discharge.**
7. **Debts—a demonstrated unwillingness to honor fiscal contracts or just debts.**
8. **Any other conduct or pattern of conduct that would tend to disrupt, diminish, or otherwise jeopardize public trust in the law enforcement profession.**

I have read and understand the above disqualifiers.

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Applicant's Signature

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Date