

## VOLUNTEER APPLICATION CORONA POLICE DEPARTMENT 730 Public Safety Way Corona, CA 92880

(951) 736-2330 FAX: (951) 279-3658

FOR PERSONNEL USE ONLY						
Accepted Rejected Reviewed By:						
Reviewed By:						
Date:						

The Corona Police Department is an Equal Opportunity Employer. We encourage all persons to file applications with us and we do not discriminate on the basis of race, color, religion, age, sex, national origin, veteran status, mental or physical disability.

					For background purposes, please	
Print your full name	(Last)	(First)	(Middle)	(Maiden)	complete the following:	
	, ,	, ,	(Middle)	(Waldell)	Valid Driver's License: YES NO	
Address(Number)	(Street)		(Ant	. No.)		
(Number)	(Sileel)		(Apt.	140.)		
(City)	(State)		(Zip Code	<u></u>	License Number:	
			(Zip Code	<del>-</del> )	Expiration Date	
Telephone(	(	Work)		Authorization is given to view DMV		
			·		records: YES NO(initial)	
Email:					Can you, upon acceptance, submit	
Social Security No.:Date of Birth					verification of your right to work in	
					the United States? YES NO	
NOTE: All approval o completion of a backg		ontingent upon t	he successfu	ıl	Note: Such proof is required upon	
completion of a backy	irouna process.				acceptance.	
Have you ever been o					а	
military tribunal since	your 18" birthday's	? Yes	_ No			
If yes, give details belo	ow. Volunteer car	ndidacy will depe	end upon the	nature of	the offense, the job in question, and	
the conduct of the app		fense was comr				
Date	City & State		Offense	9	Penalty or Disposition	
					-	
EDUCATION:						
Circle Highest Grade	Completed N	Name and Locat	ion of Schoo		d you graduate Do you have a om high school? GED certificate?	
9 10 11 12 13 14	15 16 +				es No Yes No	
College or University	<sup>,</sup> Major	Units	When Co	mpleted	Degree(s) Received or Expected	
Have you ever worked	d or attended scho	ool under a differ	ent name? `	Yes	No If yes, give name(s) and	
dates used						
Professional Licenses	or Certificates:					
Do you speak, read or	r write any langua	ge other than En	iglish? If so,	please lis	t:	
Other Job Related Tra	aining:					
Employer or Formar F	Employer:					
Employer or Former E	(N	ame)	(Depa	artment)	(Supervisor)	
Updated Volunteer Applica	d Volunteer Application 3/25/2015				3/25/2015	

Employer's Address:(Street)	(City)	(State)	(Zip Code)			
Employer's Phone No.:	May we contact y					
LIST THREE (3) PERSONAL REFERENCE	CES WHO HAVE KNOWN YOU AT LI	EAST ONE YEAR:				
Name:	Address:	Address:				
Telephone Number:	Number of Years of Acqu	_ Number of Years of Acquaintance:				
Name:	Address:	_ Address:				
Telephone Number:	Number of Years of Acqu	Number of Years of Acquaintance:				
Name:	Address:	_ Address:				
Telephone Number:	Number of Years of Acqu	Number of Years of Acquaintance:				
AVAILABILITY:						
What days of the week are you available t	to volunteer?					
What time on these days could you be ava	ailable for volunteer services?					
In what work areas do you wish to have yo	our services utilized?					
Briefly explain why you have offered to do	volunteer work:					
Please describe any relevant volunteer se	ervice or paid employment you may ha	ve had:				
Special skills or interests you might wish to	o share:					
OTHER VOLUNTEER SERVICES:						
Where? When?	How long?	Nature of ser	vice?			
I hereby certify that all statements made in belief. I understand that false or misleading removal of name from eligible list, or dism	ng statements or missing information i					
Signature of Applicant	Dat	te				