



VOLUNTEER APPLICATION

City of Yakima
Yakima Police Department
200 South 3rd Street
Yakima, Washington 98901
(509) 575-6200
www.yakimapolice.org



AN EQUAL OPPORTUNITY EMPLOYER

If you require assistance in completing the application, please contact the Yakima Police Department at the number above and ask to speak with the Volunteer in Police Service (VIPS) Program Coordinator.

PLEASE TYPE OR PRINT - ANSWER ALL QUESTIONS - USE INK ONLY
An incomplete application may delay action or disqualify you.

Name _____
Last First Middle

Mailing Address _____
Apt. # City State Zip Code

Phone Number _____
Home Work Message

Social Security Number _____ Birthdate _____
(mo/day/year)

Email Address (optional) _____

Disclosure of your social security number (SSN) is voluntary. Your social security number (SSN) will be necessary during the background process.

You must notify the Volunteer in Police Service (VIPS) Program Coordinator if you change your address and/or phone number.

VOLUNTEER INTEREST:

I learned of this opportunity through (check all that apply):

- City Employee(Name) _____ Volunteer Fair _____ Friend or Relative _____
 School _____ Social Media Post Chief Radio Other

Hours you are interested in (check appropriate boxes):

- Mornings Yes No Afternoons Yes No Holidays Yes No
Evenings Yes No Weekdays Yes No Weekends Yes No

Please be sure you complete all sections of this application thoroughly and accurately to the best of your ability. Provide clear descriptions of your job and/or volunteer duties, the time spent doing that work, the equipment you used, and anything else which will help us understand the nature of your work. We will utilize the information you provide to evaluate your knowledge, skills and abilities in relationship to the current volunteer needs, projects and programs at the Yakima Police Department.

GENERAL INFORMATION

Have you ever been employed by the City of Yakima? Yes No Dates: From _____ To _____

Do you have relatives employed by the City? Yes No

(There are some limitations on the employment of relatives. Each case is considered separately for potential conflict of interest.)

If yes, indicate (name, department) : _____

Have you been convicted of a crime or released from prison within the last 7 years: Yes No

If yes, please explain (*a conviction record will not necessarily be a bar from employment*)

Do you possess a valid driver's license? Yes No If yes, number: _____

State of issue: _____ Commercial driver's license number: _____

List any other licenses and certifications you currently hold: _____

EDUCATION AND TRAINING

Have you graduated from High School or received a GED? Yes No If no, highest grade completed _____

POST HIGH SCHOOL EDUCATION

	Name, City and State	Degree Earned	Specialization	From	To
College or University		Yes <input type="checkbox"/> No <input type="checkbox"/> BA <input type="checkbox"/> BS <input type="checkbox"/> AA <input type="checkbox"/> Major _____			
Post Graduate		Yes <input type="checkbox"/> No <input type="checkbox"/> MA <input type="checkbox"/> MS <input type="checkbox"/> PHD <input type="checkbox"/> Major _____			
Other					

Have you completed an apprenticeship? Yes No Which craft(s) _____

SPECIAL SKILLS AND QUALIFICATIONS

What office machines do you operate? _____

Describe computer and other equipment operation skills. Include programs used, typing speed and other information relevant to the job for which you are applying: _____

List any special technical or machine operation skills that you have gained from employment, training, experience as a volunteer, or through other means: _____

List any foreign languages that you speak and/or comprehend: _____

Check the appropriate skill level:

Speak	<input type="checkbox"/> Fluent	Comprehend	<input type="checkbox"/> Fluent
	<input type="checkbox"/> Good		<input type="checkbox"/> Good
	<input type="checkbox"/> Fair		<input type="checkbox"/> Fair

EMPLOYMENT/VOLUNTEER EXPERIENCE

LIST BELOW ALL THE POSITIONS YOU HAVE HELD IN THE PAST SEVEN (7) YEARS
BEGINNING WITH YOUR PRESENT OR LAST EMPLOYER. ATTACH SUPPLEMENTARY
PAGES OR USE WHITE PAPER.

Dates of employment (month,year)		Exact Title of Position	
From	To		
	Avg. hrs. per week	Number and kind of employees supervised	Name of employer (firm, organization, etc.) and address (including ZIP code, if known)
Name of immediate supervisor		Kind of business or organization (manufacturing, accounting, etc.)	
Area Code and phone number (if known)			
Reason for leaving			
Describe below the duties and accomplishments in your work			
Dates of employment (month,year)		Exact Title of Position	
From	To		
	Avg. hrs. per week	Number and kind of employees supervised	Name of employer (firm, organization, etc.) and address (including ZIP code, if known)
Name of immediate supervisor		Kind of business or organization (manufacturing, accounting, etc.)	
Area Code and phone number (if known)			
Reason for leaving			
Describe below the duties and accomplishments in your work			
Dates of employment (month,year)		Exact Title of Position	
From	To		
	Avg. hrs. per week	Number and kind of employees supervised	Name of employer (firm, organization, etc.) and address (including ZIP code, if known)
Name of immediate supervisor		Kind of business or organization (manufacturing, accounting, etc.)	
Area Code and phone number (if known)			
Reason for leaving			
Describe below the duties and accomplishments in your work			

Please provide a short narrative explaining your interest in volunteering for the Yakima Police Department.

Blank area for providing a short narrative explaining interest in volunteering for the Yakima Police Department.

REFERENCES

Give name, address and phone number of three persons, other than former employers or relatives, who have a definite knowledge of your work.

Name	Address	Phone

AGREEMENT, CERTIFICATION, AND AUTHORIZATION

(Please read carefully)

I certify that all statements made in this application are true, complete, and correct to the best of my knowledge, and any false statement shall be considered sufficient cause for disqualification or dismissal.

I authorize my current or former employer(s) to provide to City of Yakima representatives any information regarding my current or former employment. I understand that such information may or may not help my volunteer application with the City of Yakima. I hereby release any current or former employer, its agents or employees from any and all liability resulting from the release of such information. My authorization to current or former employers to release information and my waiver of liability which are written out above are knowing, intelligent, and voluntary acts.

I authorize schools and other educational and technical institutions which I have attended to release my scholastic ratings or records to City of Yakima representatives.

Signature of applicant

Date of application

Notice: All applications must be signed and dated in order to be accepted for consideration.