



Winters Police Department Volunteer Application



Personal Information		
Name (Last Name, First Name Middle Name)		
Address (Street Address, City, State, Zip Code)		
Date of Birth (MM/DD/YYYY)	Social Security Number	Driver's License Number
Contact information		
Home Phone	Cell Phone	Email Address
Emergency Contact		
Name		Relationship
Address		Phone Number
Where are you currently employed?		
Name of Business		
Address of Business		Phone Number
Name of Supervisor		Phone Number

Please provide the name, address, and contact information of two references	
Name	
Address	Phone Numbers
Name	
Address	Phone Numbers

What type of Volunteer work are you most interested in? Please circle all that apply:

- School, Park and Bike Trail Patrols - Community Events and Festivals - Conflict Resolution
- Traffic Control during Emergencies - Senior Wellness/Vacation Checks - Clerical/Office Support
- Other _____

Please list the preferred days and times when you could volunteer:

Please list and experiences or skills that could assist you as a volunteer:

Security Disclosure (You may omit any offense for which the record has been sealed or expunged by the court.):

Have you ever been convicted of a felony? Yes___ No___ If yes, please explain:

Certification: I certify that the information given by me in this application is true and complete in all respects to the best of my knowledge and belief, and I agree that any false statements or omissions shall be considered sufficient cause for disqualification from further consideration or dismissal if I am ultimately selected. I understand that nothing contained in this application is intended to create an employment contract between the City of Winters and myself. The Winters Police Department Volunteer in Police Services Program is a voluntary event subject to cancellation or termination at any time.

Authorization for Criminal Records Check: hereby authorize **Winters Police Department** and **The City of Winters** and/or its agents to make an independent investigation of my background, references, character, past employment, education, credit history, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualification for volunteer service now and, if applicable, during the tenure of my volunteer service with **Winters Police Department** and **The City of Winters**.

I have read, understand and agree to the information noted above:

Signature of Applicant _____ Date: _____

Parent/ Guardian Signature: _____ Date: _____

Return application to: Winters Police Department Volunteer Program 702 Main St Winters, CA 95694
Direct Questions to CSO Gail Jimenez 530-794-6725