

## HUNTINGTON BEACH POLICE DEPARTMENT APPLICATION FOR VOLUNTEERS

2000 Main Street, Huntington Beach, CA 92648

PROGRAM APPLYING FOR:   Retired Senior Volunteer   Volunteer in Police Services											
PERSONAL INFORMATION											
Name: (Last, First, Middle)											
Address: (Street, City, State, Zip code)											
Home Phone:			Cell Phone: Email:								
Driver's License?	☐ Yes ☐	No	State: Number:								
Are you related to anyone who works for the City of Huntington Beach? If yes, please list name(s) and relationship:								☐ Yes		No	
Are you currently working as an employee of the City of Huntington Beach?								☐ Yes		No	
Did you previously work for the City of Huntington Beach? If yes, please give payroll name if different from the name on your application:								☐ Yes		No	
If you do not have a California Driver's License, are you able to obtain one by the time of appointment to the volunteer program you are applying for?								☐ Yes		No	
Have you ever been discharged or requested or forced to resign from any position for misconduct or unsatisfactory service?									☐ Yes		No
Are you able to perform essential functions of this volunteer position with or without reasonable accommodations?								☐ Yes		No	
PREFERENCES											
What type of volunteer opportunity are you looking for?											
What times are you available?									all		
EDUCATION											
							s's Degree e's Degree				
RECRUITMENT INFORMATION											
How did you first learn about this volunteer opportunity?  ☐ City of Huntington Beach Announcement ☐ Another Agency ☐ Contact with C☐ Internal Jobsite ☐ Friend or Relative ☐ Community Ou ☐ City's Website ☐ Other:										ent	
WORK EXPERIENCE											
List the most current employment position you have held. Failure to do so may be grounds for disqualification:											
From: (Mo/Yr)	Mo/Yr) To: (Mo/Yr) Employer:						Position Title:				
Hours Per Week:	lours Per Week: Employer Address:						May we contact?  Yes  No				
Name & Title of Supervisor: Reason for Leaving:					Phone Number: Email:			Email:			
Description of Duties:											

VOLUNTEER EXPERIENCE											
From: (Mo/Yr)	To: (Mo/Yr) Location:				Vol	Volunteer Title:					
Hours Per Week:	urs Per Week: Address:						May we contact?  Yes  No				
Name & Title of Supervisor:					Number:			Email:			
Description of Duti	es:										
From: (Mo/Yr)	To: (Mo/Yr)	Location:	Location: Volunteer Title:								
Hours Per Week:	Address:	:					May we contact?  Yes  No				
Name & Title of Su	Name & Title of Supervisor:				Phone Number:			Email:			
Description of Duties:											
OTHER											
If you have any c	ertifications that	may be releva	nt to the volunte	eer posi	tion you aı	re applyi	ng for	r, please list them b	elow:		
License/Registration Certificate Title: Issue Date					Expiration Date:		Issued by:				
License/Registratio	n Certificate Title	:	Issue Date:		Expiration Date:		Issued by:				
Typing Net WPM Do you fluently:											
Additional Information: (Honors, Awards, Interests, Military Service, Professional Associations, Professional Memberships, Volunteer Work):											
			REFERE	NCES							
List three reference ability. You may			ve may contact v	who hav	re knowled	ge of yo	ur job	skills, experience a	and		
Name/Title:	: F			Phone:		Email:	Email:				
Name/Title: Address			: P		Phone:		Email:	Email:			
Name/Title: Address:			:	Phor		Phone:	Email:				
Volunteer Application Certification: <i>PLEASE READ CAREFULLY BEFORE SIGNING</i> : I hereby certify that all statements made in this application are true, complete and correct to the best of my knowledge. I understand that the City may contact individuals and/or entities to confirm the information provided in connection with my volunteer application with the City of Huntington Beach. I understand that any misrepresentations, fraud or omission of material facts may be grounds to deny my volunteer opportunity or for disciplinary action including dismissal after volunteer application is accepted. I agree and understand that if I do not meet the announced requirements, I will be eliminated from the examination at whatever time this may be determined.											
APPLICANT SIGNATURE: DATE:											

SECTION I – COMPLETION IS MANDATORY									
CONVICTION RECORD									
Acceptance of the application of a person convicted of a crime depends upon the nature of the conviction and the conduct of the applicant subsequent to the offense. Convictions will be evaluated on a job-related business and will not automatically disqualify someone from further consideration. Answer this section truthfully; any omissions may be grounds for rejection of the application, removal from the eligible list or dismissal from the position.									
Last four digits of Social Security Number:  Have you ever been convicted of a crime other than minor traffic violation(s)? (Exclude convictions for marijuana-related offenses more than two years old; convictions that have been sealed, expunged or legally eradicated; and misdemeanor convictions for which probation was completed and the case dismissed.) Convictions include a plea of guilty, nolo contender (no contest) and/or a finding of guilty by a judge or jury regardless of whether a sentence is imposed by the court.   Yes  No  If yes, provide the information requested below for each conviction continuing on back if necessary.									
Offense:		Date:	Location:		Sentence/Fine:				
Offense:		Date:	Location:		Sentence/Fine:				
Offense:		Date:	Location:		Sentence/Fine:				
Do you currently have any felony offenses pending adjudication?									
			OMPLETION IS VOL						
The following information is voluntary and is requested by the City of Huntington Beach to be used to evaluate the City's hiring practices and to prepare reports required by State and Federal law. This form will be detached from the volunteer program application. The information contained will be kept confidential and will NOT be used to make a decision about recruitment to the volunteer program.									
1) GENDER:									
2) ETHNIC IDENTITY:									
	WHITE (not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa or the Middle East								
	ASIAN or PACIFIC ISLANDER: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands and Samoa.								
	AFRICAN-AMERIC	CAN (not of Hispanic origin)	: All persons having or	rigins in any of the	Black racial groups on Africa.				
	AMERICAN INDIAN or ALASKAN NATIVE: All persons having origins of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.								
HISPANIC: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin regardless of race.									
3) MILITAR	Y STATUS: Are yo	ou a veteran of the United S	States Armed Forces?	☐ Yes ☐ No					