



Lisa Solomon
Chief of Police

Paso Robles Police Department Volunteer Program Application

RSVP CSVP CVPP

Name (Last, First, MI) _____

Address _____ Home Phone No. (____) _____

City _____ Work Phone No. (____) _____

State _____ Zip _____ Other Phone No. (____) _____

Date of Birth _____ Place of Birth _____ SSN ____ - ____ - ____

Marital Status: Single Married Widowed Divorced Separated

Are you a U.S. Citizen? Yes No

Do you speak another language? Yes No If yes, what? _____

Do you have a valid California Driver's license? Yes No License No. _____

Describe any physical defects or disabilities, including extent of defective vision, if any, with and without glasses, and deficiencies in color vision and hearing _____

Have you had any serious illnesses or operations? Yes No

Occupation _____ Describe type of work performed _____

Name of Employer _____ Phone (____) _____

Address _____ City _____

Length of Employment _____

List three personal references (who have known you at least one year, and are not relatives)

1. Name _____ Years Known _____
Address _____ Phone (____) _____

2. Name _____ Years Known _____
Address _____ Phone (____) _____

3. Name _____ Years Known _____
Address _____ Phone (____) _____

Are there any qualifications, skills, certifications, diplomas, etc., which you feel would qualify you for your volunteer work with the program?

Please add any other information about yourself; hobbies, community interest, clubs, etc.

Have you ever been arrested and/or convicted of a felony or misdemeanor? Yes No
If yes, describe each circumstance, giving the date and charge. Use additional sheets if necessary.

Has there been anything else in your past that might disqualify you from functioning in a volunteer capacity?
 Yes No

If yes, describe briefly _____

AUTHORIZATION TO RELEASE INFORMATION

As an applicant for a volunteer position with the Paso Robles Police Department, I am required to furnish information for use in determining my moral, physical, and mental 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 you, or your organization or others from any liability or damage that may result from furnishing the information requested.

Print Name: _____

Signature: _____

Date: _____