



Citrus Heights Police Department
Volunteer/Intern Application Packet
6315 Fountain Square Drive, Citrus Heights, CA 95621 (916) 727-5500



Statement of Confidentiality and Waiver

I, _____, have applied for a position as a Volunteer/Intern with the City of Citrus Heights Police Department. I understand that any material omissions and/or false information I provide in the attached application constitute sufficient reason for rejection of this application or termination from the Volunteer/Intern Program. In addition, I authorize and request former employers, personal references, schools, individual agencies, organizations or law enforcement agencies to answer any and all questions that may be asked regarding my application for a Volunteer/Intern position and do hereby hold such persons, harmless for the sharing of information within their knowledge or record. I further hold harmless and indemnify the City of Citrus Heights and its officials, governing bodies, officers, employees, personnel, and agents for the receipt and use of such information.

I understand that I do not have the right to continue my volunteer status or utilize any appeal rights as a Volunteer/Intern if terminated. **I understand that I am not an employee of the City of Citrus Heights or any department thereof**, and am not eligible for any compensation or benefits of any kind or nature.

I understand and agree that in the performance of my duties as a Volunteer/Intern with the Citrus Heights Police Department, I will hold all names and information regarding the department in the strictest confidence. I understand that there can be no compromise in the requirements for all Volunteers/Interns to follow the Citrus Heights Police Department policies and procedures on records, information and this "Volunteer/Intern Statement of Confidentiality." I understand that I will be provided with copies of all Departmental policies on confidentiality, and that I must abide by such policies.

Any violations of this agreement shall subject Volunteer/Intern to termination and possible criminal prosecution.

I shall not permit any person to receive information connected with the operation of the Citrus Heights Police Department without permission of the Police Chief or as otherwise provided by law or Department policies and procedures.

I shall not disclose to anyone the fact or the nature of any investigation except as provided by law or Department policies and procedures.

I shall not give any unauthorized person any information concerning the location of records, weapons or ammunition.

I hereby voluntarily release, discharge, waive and relinquish all claims against the City of Citrus Heights, its officials, governing bodies, officers, employees, personnel, volunteers and agents from all actions, claims, demands that I, my heirs, guardians, legal representatives or assigns now have or may hereafter have for bodily injury, negligence, personal injury, accident,



emotional distress, property damage, or wrongful death resulting from my participation in these volunteer activities or services.

Volunteer/Intern Signature: _____ **Date:** _____

Volunteer Coordinator: _____ **Date:** _____

Support Services Manager: _____ **Date:** _____

Return completed application to:

Citrus Heights Police Department
ATTN: Volunteer Coordinator
6315 Fountain Square Drive
Citrus Heights, CA 95621



Volunteer/Intern Qualifications

1. Interested citizens must complete a Volunteer in Police Services application and submit it to the Citrus Heights Police Department.
2. Applicants must be at least 18 years of age and possess education equivalent to a high school diploma.
3. Applicants must complete the Citizens Police Academy within 12 months of obtaining volunteer status. Exceptions may be made at the discretion of the Chief of Police or designee.
4. Applicants must fill out a Personal History Statement to allow the Police Department to conduct a background investigation. Applicants will not be considered if they have been convicted of a felony, a crime of violence or any misdemeanor (except minor traffic violations) in the past three (3) years and comply with Lexipol Policy #1000, Recruitment and Selection requirements. Applicants will be fingerprinted to check for criminal history.
5. Applicants should be of good moral character and reputation.
6. Applicants must be able to demonstrate good judgment and possess skills and abilities which will benefit functions of the Citrus Height Police Department to the satisfaction of the Chief of Police or designee.
7. Applicant selection is focused on those who live in the City of Citrus Heights. However, exceptions may be granted at the discretion of the Volunteer Coordinator and/or the Chief of Police.
8. A copy of the applicant's driver's license, social security card, birth certificate and proof of auto insurance must be submitted with the personal History Statement.
9. Applicants may be required to submit a letter from their physician stating they are qualified to perform assigned tasks. Applicants may be considered if their doctor so stipulates, depending on the needs of the department. Applicants will also submit an emergency contact information form.
10. Applicants must successfully pass an oral exam administered by a panel consisting of personnel from the Citrus Heights Police Department. All members will serve at the discretion of the Police Department.
11. Interns who are students will be responsible for maintaining a 3.0 GPA and are required to turn in copies of their transcripts every semester/quarter.



Volunteer/Intern Application

Please answer the following questions fully and print legibly using additional pages if necessary. Any false statements made on this application may disqualify the applicant from eligibility for the CHPD Volunteer/Intern program.

PERSONAL HISTORY

NAME (Last, First, Middle)	POSITION APPLYING FOR (Volunteer or Intern)
NICKNAMES/ALIASES	ADDRESS (Number, Street, Apt. No.)
DRIVER'S LICENSE State No. Exp. Date Class	(City, State, Zip Code+4)
HOME PHONE WORK/OTHER PHONE (____) _____ (____) _____	If selected, can you show verification of your legal right to work in the United States?
Have you had any contacts with police? Were they positive or negative experiences? Provide details.	
<p>Have you ever been convicted of a criminal offense (felony or misdemeanor)? Convictions for marijuana-related offenses that are more than two (2) years old should not be listed. Do not list arrests which did not result in conviction. Note: No applicant will be denied solely on the grounds of a conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state date, nature of offense and disposition of case below and attach a copy of the police report.</p>	

EDUCATION AND TRAINING

HIGHEST GRADE COMPLETED			Name and location of High School _____	Did you graduate?		
High School	College	Graduate		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GED		
1 2 3 4	1 2 3 4	1 2 3 4	_____			
Name and location of college, Business or Trade School	Years Attended From To	Degree Awarded? YES NO	Type of Degree	Major Subjects		
_____	___ / ___	<input type="checkbox"/> <input type="checkbox"/>	_____	_____		
_____	___ / ___	<input type="checkbox"/> <input type="checkbox"/>	_____	_____		
_____	___ / ___	<input type="checkbox"/> <input type="checkbox"/>	_____	_____		
List current certificates of professional competence, licenses, memberships in professional associations: _____						



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EMPLOYMENT HISTORY This section must be completed. Please list all paid and non-paid positions and periods of unemployment held within the last ten (10) years. Attach a separate sheet if necessary. Please list most current position first.

Dates employed (mm/yy) From: _____ To: _____	Employer	Title
Total yrs/mos. worked _____	Address (Number, Street, City, State, Zip Code)	
Hours worked each week _____	Name and title of supervisor	Phone no. (____) _____
Type of Business		Reason for leaving
Job Duties		
Dates employed (mm/yy) From: _____ To: _____	Employer	Title
Total yrs/mos. worked _____	Address (Number, Street, City, State, Zip Code)	
Hours worked each week _____	Name and title of supervisor	Phone no. (____) _____
Type of Business		Reason for leaving
Job Duties		
Dates employed (mm/yy) From: _____ To: _____	Employer	Title
Total yrs/mos. worked _____	Address (Number, Street, City, State, Zip Code)	
Hours worked each week _____	Name and title of supervisor	Phone no. (____) _____
Type of Business		Reason for leaving
Job Duties		

Have you ever been terminated or asked to resign from any employment? NO YES (if yes, explain) _____

May we contact your present employer? YES NO (if no, explain) _____



SPECIAL SKILLS

Do you have any special skills? (i.e. computer, typing, bilingual, etc) Please explain.

AVAILABILITY

Can you commit to twelve (12) hours of service per week?

Please indicate the hours you are available each day.

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
TO	TO	TO	TO	TO	TO

Indicate an exceptions (i.e. not available on the thirds Thursday of each month, etc.)

INFORMATION VERIFICATION

By signing below, I affirm that the information contained on this application is complete and accurate to the best of my knowledge. I authorize the Citrus Heights Police Department or designee to confirm the information contained above.

SIGNATURE: _____ DATE: _____

