# VOLUNTEER RESOURCES APPLICATION

PERSONAL INQUIRY WAIVER: I authorize the Charlotte-Mecklenburg Police Department to examine all records that are necessary to determine my character, reputation, arrest record, and criminal history. All information not otherwise a public record will remain confidential, and will be utilized solely for the evaluation of my qualifications and fitness to be assigned with the Charlotte-Mecklenburg Police Department in a volunteer capacity

Micchiendarg Fonce	Department in a voic	inteer capacity					
APPLICANT'S SIGNATURE:			DATE:				
PERSONAL	DATA					t fall the second	
PLEASE CHE	CK ONE:	☐ MR	☐ MRS	☐ MS	☐ MISS ☐ Other _		
FULL NAME:	First		Middle			Last	
NICKNAMES/	MAIDEN NAM	E:				·····	
TO ACCUMENT TO PRINTING A 1	r approved.						
RESIDENTIAL ADDRESS: _		Number and Street			Apartment/Lo	Apartment/Lot	
	seteron		City		Zip Code		
YEARS AT TH	HIS RESIDENC	E	_ MAILIN	NG ADDRI	ESS DIFFERENT? LIS	T BELOW	
MAILING AD	DRESS: _						
	*******						
E-MAIL ADDI	RESS:						
HOME PHONE:		WORK PHONE:					
DATE OF BIR	тн:						
PLACE OF BIRTH:			CITY:		STATE:		
SOCIAL SECU	URITY NUMBE	R:					
DRIVER'S LICENSE NUMBER:			STATE:				
SEX:	☐ MALE	☐ FEM	IALE				
RACE:	☐ WHITE	☐ BLA	ск 🗆 н	HISPANIC	OTHER	······································	
HEIGHT:	<b>*****</b>		WE	IGHT:			
EYE COLOR:			_ НА	IR COLO	R:		

## HOUSEHOLD BACKGROUND PLEASE LIST ALL PERSONS RESIDING IN YOUR HOUSEHOLD: DOB Relationship First Middle Last EDUCATIONAL BACKGROUND GRADUATED: \_\_\_\_\_ YEAR \_\_\_\_\_ ☐ HIGH SCHOOL City, State Name YEAR \_\_\_\_\_ ☐ COLLEGE City, State Name ☐ ASSOCIATE ☐ BA/BS ☐ MA/MS ☐ PHD DEGREE: MAJOR: **VOLUNTEER HISTORY** PLEASE LIST ANY PRIOR VOLUNTEER EXPERIENCE BELOW: Years Agency/Group/Organization

WHAT IS YOUR PRIMARY REASON FOR VOLUNTEERING WITH US?

### HEALTH HISTORY

The questions contained in this section are utilized solely for background investigation purposes, and will remain strictly confidential

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HOW FREQUI	ENTLY DO YOU	CONSUME ALCO	HOLIC BEVERAGES?						
☐ DAILY	☐ WEEKLY	☐ MONTHLY	☐ SPECIAL OCCASI	ONS					
WHEN ALCOHOLIC BEVERAGES ARE USED, HOW MANY DO YOU CONSUME?									
HAVE YOU EVER TRIED, USED, OR EXPERIMENTED WITH MARIJUANA?									
□ NO	☐ YES								
IF YES:	NUMBER OF TIMES DATE OF LAST USE								
HAVE YOU E	VER TRIED, USI	ED, OR EXPERIME	ENTED WITH HEROIN?						
□ NO	☐ YES								
HAVE YOU EVER TRIED, USED, OR EXPERIMENTED WITH COCAINE?									
□ NO	☐ YES								
HAVE YOU EY SUBSTANCE T	VER TRIED, USI ΓΗΑΤ WAS NOT	ED, OR EXPERIME PRESCRIBED BY	ENTED WITH ANY OTH A PHYSICIAN?	ER CONTROLLED					
□ NO	☐ YES	NAME OF SUBST	'ANCE:						
HAVE YOU EVER TRIED, USED, OR EXPERIMENTED WITH A PRESCRIPTION MEDICATION THAT WAS NOT PRESCRIBED FOR YOU?									
□ NO	☐ YES	NAME OF MEDIC	CATION:						
HAVE YOU EVER TRIED OR USED A PRESCRIPTION MEDICATION, PRESCRIBED FOR YOU, WHEN IT WAS NOT MEDICALLY NECESSARY?									
□ NO	☐ YES	NAME OF MEDI	CATION:						
NATE OF A DAY	HOTODY	·							
WILLIAKY	HISTORY								
HAVE YOU E	VER SERVED IN	THE ARMED FO	RCES? YES	□ NO					
ENLISTED FR	ROM Month/Yea	to	BRANCH	RANK					
TVDE OF DICA	CHADCE.								

## REFERENCES LIST YOUR MOST RECENT EMPLOYER: **Business Name** Address City State Zip Code **Contact Name** (Area Code) Telephone Number LIST TWO PERSONAL REFERENCES WHO HAVE KNOWN YOU FOR AT LEAST FIVE (05) YEARS. DO NOT INCLUDE RELATIVES Name Address City State Zip Code (Area Code) Home Number (Area Code) Work Number E-Mail Address Relationship to Applicant Name Address City State Zip Code (Area Code) Home Number (Area Code) Work Number

Relationship to Applicant

E-Mail Address

#### CRIMINAL HISTORY HAVE YOU EVER (AS AN ADULT OR A JUVENILE) BEEN ARRESTED, DETAINED, OR QUESTIONED BY THE POLICE CONCERNING A CRIME? □ NO YES, AND I HAVE ATTACHED A SHEET EXPLAINING THE INCIDENT(S), YEAR, STATE IN WHICH INCIDENT OCCURRED, AND RESULTING ADJUDICATION HAVE YOUR DRIVING PRIVILEGES EVER BEEN SUSPENDED, REVOKED, OR CANCELLED? $\square$ NO YES, AND I HAVE ATTACHED A SHEET EXPLAINING THE INCIDENT(S), YEAR, STATE IN WHICH SUSPENSION OCCURRED, AND RESULTING ADJUDICATION HAVE YOU EVER RECEIVED (A) TRAFFIC CITATION(S)? □ NO YES, AND I HAVE ATTACHED A SHEET EXPLAINING THE CITATION(S), YEAR, STATE IN WHICH CITATION WAS ISSUED, AND RESULTING ADJUDICATION I affirm that this application contains no false statements, misrepresentations, or omissions; nor did I intentionally conceal any material that would knowingly make me ineligible. I further understand that at any time during my background investigation, should any information be discovered in this application which is not factual, I will become ineligible for any volunteer position with the Charlotte-Mecklenburg Police Department. APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: FOR OFFICE USE ONLY Application Mailed: Application Returned: **Background Completed:** Completed By: Drug Procedures Mailed: Must Test By: Results Received: Pass Polygraph Scheduled: Results Received: Pass ☐ Fail