

VOLUNTEER APPLICATION

Renton Police Department Volunteer Program

Pers	sonal Inform	ation	
Full Name:	МІ	Last	
Street Address:		City:	Zip:
Email Address:			
Phone Number (home):	(cell):		
Date of Birth:/	Social	Security No.:	(last 4 digits)
Driver's License Number:		State:	
C	riminal Histo	ory	
The Renton Police Department will conduct of following questions must be answered by all	_	und check on all vol	unteer applicants. The
Have you been convicted of a felony or release	ased from prison v	vithin the last seven	(7) years?
☐ No ☐ Yes If yes, please explain:			
Have you been convicted of a misdemeanor	within the last 3 y	ears?	
☐ No ☐ Yes If yes, please explain:			

Education

	Name	City/State	Dates Attended/Degree
High School			
College/Other			

	Em	nployment H	is	tory	
(Plea:	se start with present or most recent e	mployer)			
Empl	oyer Name:				
Addre	ess:			Phone:	
Empl	oyed From:	Reason fo	r L	eaving:	
Positi	ion:			Supervisor:	
Job D	Outies:				
	oyer Name:				
Addre	ess:			Phone:	
Empl	oyed From:	Reason fo	r L	eaving:	
Positi	ion:			Supervisor:	
Job D	Outies:				
		Skills			
Chec	ck all that apply:				
	Writing/Editing			Criminal Justice Experience	
	Clerical/Office Skills			First Aid/CPR Certification	
	Photography			Data Entry	
	Customer Service			Public Speaking	
	Computer Programming			Education/Teaching	
	Social Media Experience			Telephone Reception	
Soft	ware Knowledge				
	MS PowerPoint			MS Outlook	
	MS Word			Other:	
	MS Excel			Other:	

Personal References

Please list three (3) people whom we may contact for character reference. These individuals may not be relatives and must be people you have known for at least 3 years.

Name:		Relationship:	
	Email:		
☐ home ☐ cell ☐ work			
Address:		_ City:	Zip:
Name:		Relationship:	
☐ home ☐ cell ☐ work			
Address:		_ City:	Zip:
Name:		Relationship:	
☐ home ☐ cell ☐ work	Liliani		
Address:		_ City:	Zip:
Interests an	d Bac	kground	
Why do you want to volunteer with the Renton	Police De	partment?	
,,			
Have you volunteered before? (If so, please give	e name of	organization and o	dates):
Please list your areas of interest for volunteering	g:		
Please list your interests, hobbies, community a	ctivities. ı	memberships, etc.:	
,	,	μ-,	
Do you have any relatives of friends currently ea	mploved l	ov or volunteering	for the City of Renton?
			•
What languages besides English are you fluent i			
	Phone:	Phone: Email:	Address:

7.	member (i.e., Facebook, Twitter, Nextdoor, LinkedIn).									
	Site				UserName					
8.		Is there anything in your background that has not been covered in the preceding questions, which could affect your eligibility to volunteer with the Renton Police Department?								
				Ava	ailability					
Wł	nat days((s) and time	e(s) would you	u prefer to volu	inteer?					
	Day: 9	Sunday 🗌	Monday 🗌	Tuesday 🗌	Wednesday	Thursday	Friday 🗌	Saturday 🗌		
Are	e you ab	le to work t	he 4 hour mi	nimum a week [·]	? 🗌 No 🔲 Yes	5				
IM	IPORT <i>A</i>	ANT: THE	FOLLOWIN	IG MUST BE	FILLED OUT IN	FULL AND S	SIGNED			
l ur Pol bac	nderstan lice Dep ckground	nd that falsif partment Vo d investigat	fication of info olunteer Prog tion, includin	ormation on thi gram. I hereby g criminal his	ion form are true is application may authorize the R tory check. I also and application f	result in my e enton Police o verify that	limination fro Department	om the Rentor to conduct a		
		Applica	nt's Signature			D	ate			
			-		ate photo ID card nendation are we	-	er license or	certifications		
Inf	ormatio	n on this an	nlication may	he subject to	nublic records dis	closure ner Rí	`W 42 56			



Send completed application to the Volunteer Program Coordinator:

Email

CPC Stephanie Hynes

Shynes@rentonwa.gov

Mail

Renton Police Department Attn: CPC Stephanie Hynes 1055 South Grady Way Renton, WA 98057-3232

For Office Use Only							
Background	☐ Rejected	Initials:	Date:				