



## EDUCATION AND SKILLS

Please list below all schools you have attended beginning with high school:

Name of School	Location (City & State)	Degree or Units Completed

Are you currently attending school/college? Yes  No

If yes, what school/college/university? \_\_\_\_\_

Major/Minor: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_

What skills and abilities will you bring to the El Cajon Police Department?

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List any special qualifications, licenses, or hobbies:

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## AREAS OF INTEREST

Select one of the following: Volunteer  Intern

Please check the area of the El Cajon Police Department in which you would like to volunteer:

- |   |   |
|---|---|
| <input type="checkbox"/> Cadets*                          | <input type="checkbox"/> Animal Control                         |
| <input type="checkbox"/> Police Reserves*                 | <input type="checkbox"/> Retired Senior Volunteer Patrol (RSVP) |
| <input type="checkbox"/> Mounted Police Reserves*         | <input type="checkbox"/> Crime Lab Internship Program*          |
| <input type="checkbox"/> Police Volunteer Unit (Clerical) |   |
| <input type="checkbox"/> Administration                   | <input type="checkbox"/> Other: _____                           |
| <input type="checkbox"/> Crime Analysis                   |   |
| <input type="checkbox"/> Investigations                   |   |
| <input type="checkbox"/> Records                          |   |

\*Additional qualifications required

### AVAILABILITY

Minimum required hours per week vary by volunteer program. Please indicate the days and times you are available:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

### CRIMINAL HISTORY

Have you ever been convicted of a felony? Yes  No

Have you ever been convicted of a misdemeanor? Yes  No

Have you ever been *arrested* or *charged* of any criminal offense? (Do not include traffic citations, unless you were taken into custody.) Yes  No

If yes to any of the above questions, please provide the following information. If necessary, use an additional sheet of paper.

Date	Charge(s)	Law Enforcement Agency	Penalty

### RELATIVES, REFERENCES, & ACQUAINTANCES

During the background investigation process, persons you know will be contacted and asked to comment upon your suitability for a volunteer position within the El Cajon Police Department.

If living, please list your:	Address where person can be contacted (City, State, and Zip Code):	Contact telephone number:
Father:		
Mother:		
Father-in-law:		

Mother-in-law:		
Spouse:		
Spouse(s):		

Please list individuals with whom you have resided during the last ten (10) years. Do not list information prior to your 15<sup>th</sup> birthday. Exclude family members.

Name:	Address where person can be contacted (City, State, and Zip Code):	Contact telephone number:

Please list three (3) individual acquaintances. Exclude family members and employers.

Name:	Address where person can be contacted (City, State, and Zip Code):	Contact telephone number:

### MILITARY SERVICE

Have you ever served in the Armed Forces, National Guard, or military reserves?

Yes  No

Branch of Service:	Service Number:	Dates of Service:	Type of Discharge:

Highest Rank:	Rank Discharged:	Separation Code:	Re-Enlistment Code:	Occupation:

### VEHICLES

License Plate Number	Year	Make	Model	Color	Insurance Company

### EXPERIENCE & EMPLOYMENT

Beginning with your most current employer, please list all jobs (including part-time, temporary, and volunteer positions) you have held in the past ten (10) years. For identification and verification, please indicate whether the activity is/was full-time, part-time, or voluntary.

Dates of Employment:	Name and Address of Employer:	Name of Supervisor:
From:    To:	Telephone Number:	
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Voluntary		Name(s) of Co-worker(s):
Title/Duties:		
Reason for Leaving:		
Dates of Employment:	Name and Address of Employer:	Name of Supervisor:
From:    To:	Telephone Number:	
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Voluntary		Name(s) of Co-worker(s):
Title/Duties:		
Reason for Leaving:		
Dates of Employment:	Name and Address of Employer:	Name of Supervisor:
From:    To:		

<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Voluntary	Telephone Number:	Name(s) of Co-worker(s):
Title/Duties		
Reason for Leaving:		
Dates of Employment:	Name and Address of Employer:	Name of Supervisor:
From: To:	Telephone Number:	Name(s) of Co-worker(s):
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Voluntary		
Title/Duties:		
Reason for Leaving:		

Would any problem result if your present employer was contacted during the course of the background investigation?

YES  NO

If "NO", when should such contact be made? \_\_\_\_\_

If you have had no prior employment, please explain in the space below.

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Have you ever filed a claim(s) for worker compensation?

YES  NO

If "YES", please give details (include when, where, circumstances)

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Have you had any extended work absences for reasons other than earned vacations?

YES  NO

If "YES", please give details (include when, where, circumstances)

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Have you ever been fired or asked to resign from any place of employment?  
 YES  NO

If "YES", please give details (include when, where and the circumstances)

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Have you ever been a successful or unsuccessful candidate for any position requiring peace officer powers?  
 YES  NO

If "YES", please give details (include when, name of agency, circumstances)

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I hereby certify that all statements made in this personal history statement are true and complete. I understand that any misstatements of material facts will subject me to disqualification or dismissal.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date Completed**

**We will contact you when we match your interests with the appropriate department. Please sign the attached *Volunteer Agreement*.**

**Please return Volunteer/Internship Application and Volunteer Agreement to:  
El Cajon Police Department  
Attn. Volunteer Coordinator Randi Baldwin  
100 Civic Center Way  
El Cajon, CA 92020**

**Official Use Only**

- Interviewed on: \_\_\_\_\_ By: \_\_\_\_\_
- Application Approved by: \_\_\_\_\_ On: \_\_\_\_\_
- Background Waiver Signed
- Background Completed by: \_\_\_\_\_

## Volunteer Agreement

I agree and understand that any work that I perform on behalf of the El Cajon Police Department will be provided on a voluntary basis and that I do not expect payment or other compensation for performing such work. I further understand and agree that a volunteer position does not constitute an employee—employer relationship with the City of El Cajon and that the City may terminate my volunteer status at any time. The City is under no obligation to reimburse me for training or duty related expenses.

I realize that the El Cajon Police Department is depending on my service and that if for any serious reason I cannot keep my volunteer commitment, I will obtain my own replacement officer and/or notify my supervisor in advance of my agreed upon reporting time.

I acknowledge and accept the obligation to serve the public while maintaining the highest ethical standards in both personal and official conduct.

I have read and understand, and will comply with the El Cajon Police Department's policies regarding the following areas:

### **POLICY**

It is the policy of the El Cajon Police Department that all volunteers will comply with these Rules of Conduct, the Department's Policies and Procedures, and all City, County, State and Federal Laws. It is also expected that all volunteers will comply with all other orders and directives, written and verbal, which may be issued by department managers, supervisors, and officers.

### **CONFIDENTIAL INFORMATION**

A volunteer may be exposed to sensitive information during his/her assignment. Remember, official business of this Department is confidential. Members shall discuss or give information only to persons for whom the information is intended, as directed by supervisor or as required by law. The content of any criminal record filed in the Department shall only be shown or divulged to authorized persons.

### **IDENTIFICATION**

Each volunteer will be issued an identification card which will authorize you to enter the El Cajon Police Department facilities and/or high security areas. The volunteer will be personally responsible for this identification card and will be expected to report its loss to their supervisor immediately, at which time a lost property report of the circumstances leading to the loss will be required. This identification is to be worn at all times while on duty. It will not be used for personal or financial benefit; or for avoiding the consequences of illegal acts, nor will it be photographed, reproduced, or lent to another person.



**PERSONAL APPEARANCE**

All volunteers will maintain a neat, well-groomed appearance and will style their hair and dress in a manner acceptable to the department.

**COURTESY**

A volunteer will be courteous to the public and to co-workers. They will be tactful in the performance of their duties, controlling their temper, and exercising patience and discretion at all times.

**UNBECOMING CONDUCT**

Volunteers will conduct themselves at all times while on duty in a manner which reflects favorably on the El Cajon Police Department and the Volunteer Program. Unbecoming conduct includes that which tends to bring the department into disrepute, reflects discredit upon the volunteer of the department, or tends to impair the operation or efficiency of the department. Coarse, profane, violent, and insolent language and gestures are unbecoming. Also unbecoming is any expression of discrimination or prejudice or the use of language, which might be insulting, demeaning, or degrading to any individual concerning race, sex, ethnic group, religion, politics, lifestyle, handicap, or similar characteristics.

**PUBLIC TRUST**

A volunteer will not seek, solicit, receive or share in any fee, reward, or other personal gain from performing their duties or for failing to perform those duties. They shall immediately report any offer, or attempt to offer any gratuities made in an effort to influence their conduct. Also, a volunteer will not recommend or suggest the employment of any particular person or the purchase or use of any particular product or service while on duty or representing the department.

**FRATERNIZATION**

Be aware that members of the El Cajon Police Department are prohibited from fraternizing with, engaging in the service of, accepting services from or performing favors for any person in the custody or recently released from the custody of the El Cajon Police Department. Any member contacted by, or in behalf of, a recently discharged prisoner shall immediately report such contact in a memo to his/her supervisor.

**USE OF ALCOHOL**

A volunteer will not drink any intoxicating beverages while on duty. While off duty, they will not consume alcoholic beverages to the extent that it results in behavior which would discredit them or the department, affect their ability to perform assigned duties, or cause them to be unfit to report to duty.

**USE OF CONTROLLED SUBSTANCES**

A volunteer will not use any controlled substance, except when prescribed for treatment by a licensed physician. When any such controlled substances are prescribed, the volunteer will so notify their supervisor.

**CARE OF EQUIPMENT**

A volunteer will show care in use and maintenance of all department equipment. They will not abuse, damage, alter, or through negligence, lose any department property. Damage to or loss of any equipment will be reported immediately to their supervisor.

**ABSENCE**

Any volunteer who is unable to report for duty due to illness or other causes will notify their supervisor in advance, informing them of the reason for their absence.

**INJURIES**

If you are injured on the job, you should immediately report your injury to your supervisors.

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**Volunteer's Signature**

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Supervisor's Signature**

\_\_\_\_\_

**Date**