

# CITY OF FERNDALE

## POLICE DEPARTMENT

PO Box 1257 \* 2220 Third Avenue \* Ferndale, W A 98248  
360-384-3390 \* FAX 360-384-3345

### SCOPE VOLUNTEER APPLICATION

(Senior Citizens On Patrol Enhancement)

Name				
Last		First	Middle	
Street Address				
City		State	Zip	
Home Phone		Daytime Phone	Other Phone	
Date of Birth		Driver's License Number/State	Expiration Date	
Social Security No.				
Identifying Information Height _____ Weight _____ Hair Color _____ Eye Color _____				
Are you available to work 4 hours a week 9 months of the year? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If not, what hours can you work? _____				
Do you have relatives working for the City? If so, give name and department. _____				
Have you ever been fired or asked to resign from any place of employment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, month and year: _____				
Circumstances: _____				
Have you ever been arrested or convicted for any crime (exclude traffic infraction or citations.) <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, please give details including date, police agency, and circumstances: _____				

Have you ever been placed on court probation as an adult?  Yes  No  
 If yes, please give details including when, where and why: \_\_\_\_\_  
 \_\_\_\_\_

Are you now, or have you ever been involved as a plaintiff of defendant in any civil court action?  Yes  No  
 If yes, give details including when, where and why: \_\_\_\_\_  
 \_\_\_\_\_

Have you ever been issued a driver or operator license in another state or country  Yes  No  
 If yes, when and where? \_\_\_\_\_  
 \_\_\_\_\_

List all traffic and parking infractions and/or citations you have received within the past seven (7) years: Include nature of violations, location and date(s): \_\_\_\_\_  
 \_\_\_\_\_

List all motor vehicle collision you have been involved in within the past seven (7) years (regardless of fault) where you were driving the motor vehicle. Include a description of accident, location and date. \_\_\_\_\_  
 \_\_\_\_\_

Has your driver's license of operator's permit ever been suspended, revoked, or placed on negligent operator's probations?  Yes  No  
 If yes, please identify when, where and why. \_\_\_\_\_  
 \_\_\_\_\_

Have you ever applied for a permit to carry a concealed weapon?  Yes  No Was it granted  or denied  ?  
 Please identify issuing agency, date of issue, and purpose. \_\_\_\_\_  
 \_\_\_\_\_

Have you ever served in the armed forces, National Guard, or Military Reserves  Yes  No  
 If, yes, please identify and include branch of service, service number, dated of service and type of discharge. \_\_\_\_\_  
 \_\_\_\_\_

Are you currently participating in any Military Reserve of National Guard program?  Yes  No

Have you ever been the subject of any not-judicial disciplinary action while in the military, National Guard or Military Reserves?  
 Yes  No If yes, give details including branch of service, when where and circumstances.  
 \_\_\_\_\_  
 \_\_\_\_\_

**Relatives, References, Acquaintances**

Please supply the appropriate information in the spaces provided below, if a category is not applicable, mark with "NA"

In living, name of your:	Address where the person can be contacted. Including city, state and zip code	Telephone Number(s)
Father:		
Mother:		
Father-in-Law		
Mother-in-Law		
Spouse:		
Sister/Brother(s):		

List 3-5 individuals who are social acquaintances and have who are social acquaintances and have knowledge of you and your qualifications.  
 (Exclude any relatives and former employers)

Name of Individual	Complete mailing address where the person can be contacted	Telephone Number

List all your addresses for the past 10 years. Include names, addresses and telephone numbers of landlords or lien holders.

(Use an additional sheet of paper if necessary)

Your Address	Landlord or Lien holder and complete mailing address	Telephone Number	Dates of Residence

**EDUCATION:** Give a brief description of your educational background. List highest level/grade completed and any degrees earned.  
 (I.e. Technical/Trade, Associated, Bachelor, Masters degree, etc.)

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Describe any skills, knowledge, and unique abilities that qualify you for this volunteer position.

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List any license or professional/trade certification you have that would add to your qualifications for this volunteer position.

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**WORK HISTORY**

**ATTACH A COPY OF YOUR CURRENT RESUME**

Beginning with your present or most recent employment, list your work experience history for the last 10 years. Attach additional sheets as necessary. **Complete the following sections even if you are submitting a resume in addition to this application.**

In evaluating your application, we may contact the employers listed below unless you indicate those you do not want us to contact and state a reason.

Employer's Name		From:	To:
Address: _____ Telephone: _____		Supervisor:	
Position Title:		Hours worked per week:	
Primary Duties:		Starting Salary: \$	
		Ending Salary: \$	
		Number of employees supervised by you:	
Reason for Leaving:	May we contact the employer? If not, please state reason.		

Employer's Name		From:	To:
Address: _____ Telephone: _____		Supervisor:	
Position Title:		Hours worked per week:	
Primary Duties:		Starting Salary: \$	
		Ending Salary: \$	
		Number of employees supervised by you:	
Reason for Leaving:	May we contact the employer? If not, please state reason.		

Employer's Name		From:	To:
Address: _____ Telephone: _____		Supervisor:	
Position Title:		Hours worked per week:	
Primary Duties:		Starting Salary: \$	
		Ending Salary: \$	
		Number of employees supervised by you:	
Reason for Leaving:	May we contact the employer? If not, please state reason.		