



**City of Vancouver  
Police Department**

Jeff Mori  
Chief of Police



## **Volunteers in Police Service Application**

Neighbors on Watch | VPD Support | Internship

### **Instructions**

Please review volunteer qualifications below to ensure you meet the requirements.

The information you provide in this application will be used in the background investigation to assist in determining your suitability for a volunteer position at a law enforcement agency.

Type or neatly print in black or blue ink.

Responses must be complete, honest and as specific as possible. All statements in your application are subject to verification. Incorrect statements may bar or remove you from consideration for a volunteer position. Volunteer candidates must successfully compete each step of the selection process and may be removed from the process at any time for failing to meet the established standards.

If more space is needed for your answer, add another page and identify additional information by description. If a question does not apply to you, write "N/A" (not applicable) in the space provided for your response. Failure to provide the requested information and/or submitting an incomplete application may disqualify you from further consideration.

### **Application Submission Instructions**

**Email:**

Jordan Macfarlane  
Volunteer Program Coordinator  
[jordan.macfarlane@cityofvancouver.us](mailto:jordan.macfarlane@cityofvancouver.us)

**Mail:**

Vancouver Police Department  
ATTN: Jordan Macfarlane  
P.O. Box 1995  
Vancouver, WA 98668

**Hand-delivered:**

Mon.-Fri. 8 a.m. – 5 p.m.  
East Precinct  
520 SE 155th Ave.  
Vancouver, WA 98684

West Precinct  
2800 NE Stapleton Rd.  
Vancouver, WA 98661

## Volunteer Qualifications

The ideal volunteer candidate must maintain self-discipline and credibility through honest and ethical behavior and must have skills and abilities in communication, community service and teamwork.

## Minimum Requirements

Prospective volunteers must meet the following requirements:

- At least 21 years of age
- Live in the city limits of Vancouver or request boundary exception (subject to approval)
- Have a valid driver's license and vehicle insurance
- Successfully pass a thorough background investigation
- Attend a 28-hour training academy and 10 hour peer mentorship training
- Commit to volunteer four hours a month or 12 hours per quarter
- Be willing to coordinate with other volunteers

## Automatic Disqualifiers

Please visit <https://www.cityofvancouver.us/policevolunteers> to review automatic disqualifiers

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## Personal Information

Application Date \_\_\_\_\_ Volunteer Position \_\_\_\_\_

Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Preferred Name \_\_\_\_\_

Other Names Used \_\_\_\_\_

Date of birth \_\_\_\_\_ Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security # \_\_\_\_\_

How long living at current address? Years \_\_\_\_\_ Months \_\_\_\_\_

If leasing or renting, provide manager/landlord name and phone:

Manager/Landlord Name \_\_\_\_\_ Phone \_\_\_\_\_

List other residences for the past five years (address, city, state):

Dates: \_\_\_\_\_ Address: \_\_\_\_\_

Dates: \_\_\_\_\_ Address: \_\_\_\_\_

Dates: \_\_\_\_\_ Address: \_\_\_\_\_

List all states you have lived in: \_\_\_\_\_

List all adults living with you: \_\_\_\_\_

Your place of employment: \_\_\_\_\_

**Volunteer Interest**

How did you find out about this opportunity? \_\_\_\_\_

Explain your interest in volunteering for the Vancouver Police Department:

Special skills, interests or hobbies (especially those that apply to this position):

What other volunteer positions have you held?

Have you ever been let go from a volunteer position? Yes  No

**Character References: Four total**

**Personal:** List two close friends whom we may contact

**Professional:** List two co-workers whom we may contact. If unemployed, please list two additional personal references

Name #1 \_\_\_\_\_ Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name #2 \_\_\_\_\_ Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name #3 \_\_\_\_\_ Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name #4 \_\_\_\_\_ Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Alcohol and Drug Use**

How would you describe your alcohol consumption?  Never  Once a Month  Daily

Explanation: \_\_\_\_\_

Have you used illegal drugs, excluding marijuana, in the last 10 years?  Yes  No

If yes, detail the types of drug(s), frequency of use and the last time used:

**Police Contact**

Have you ever been arrested, charged, held on suspicion, detained or fingerprinted by any police, security or juvenile authority?  Yes  No

If yes, provide the following information:

Date \_\_\_\_\_ Charge \_\_\_\_\_

Detaining or Arresting Agency \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Disposition \_\_\_\_\_

Date \_\_\_\_\_ Charge \_\_\_\_\_  
 Detaining or Arresting Agency \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Disposition \_\_\_\_\_

Have you ever had a criminal record expunged or vacated?  Yes  No

**Driving Record**

List all vehicles owned or driven regularly by you in the last five years

1. License Plate \_\_\_\_\_ State \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_
2. License Plate \_\_\_\_\_ State \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_
3. License Plate \_\_\_\_\_ State \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Have you had a motor vehicle accident in the last three years?  Yes  No

If yes, provide the following information

Date \_\_\_\_\_ Did you report it to the police?  Yes  No

Location \_\_\_\_\_

Investigating Agency \_\_\_\_\_

Case Number \_\_\_\_\_

Date \_\_\_\_\_ Did you report it to the police?  Yes  No

Location \_\_\_\_\_

Investigating Agency \_\_\_\_\_

Case Number \_\_\_\_\_

Has your driver’s license been suspended or revoked in the last three years?  Yes  No

Traffic citations and warnings in the last three years

Date \_\_\_\_\_ Charge \_\_\_\_\_

Agency \_\_\_\_\_

Date \_\_\_\_\_ Charge \_\_\_\_\_

Agency \_\_\_\_\_

**Required Supplemental Information**

- Copy of valid Washington Driver License
- Copy of valid auto insurance

**Signature Page – To be completed at the in-person interview**

My signature affirms that I release from liability any employer, person or employee supplying reference, or information regarding my previous employment or character. I also release the City of Vancouver and the Vancouver Police Department from all liability, which may result from making an investigation of information provided in the application materials. All information on this application is true to the best of my knowledge. I understand that falsification or misrepresentation may result in disqualification from placement consideration.

I understand that I may be fingerprinted. I understand that I will not receive, and am not entitled to know, the contents of confidential reports received by the Vancouver Police Department. I further understand that these reports are privileged.

By signing below, you give consent for the Vancouver Police Department to contact references and conduct a background investigation. Failure to sign the form will disqualify you from participation in the Vancouver Police Volunteer Program. No matter how qualified you are in other respects, you cannot be selected if your truthfulness is in doubt. For this reason, you are encouraged to be open and straight forward as you respond to this questionnaire and in all dealings with the Vancouver Police Department.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**For Office Use Only**

Application Received Date: \_\_\_\_\_

Neighborhood Association: \_\_\_\_\_ District: \_\_\_\_\_