



**City of Vancouver
Police Department**

Troy Price
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

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

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 _____

For Office Use Only

Application Received Date: _____

Neighborhood Association: _____ District: _____