



# VOLUNTEER APPLICATION CITIZENS ASSISTING POLICE APPLICATION

## Arroyo Grande Police Department

Name

Address

City  State  Zip Code

Phone #  Cell Phone #  Business Phone #

email

Date of Birth  Place of Birth  Social Security #

You must be a citizen of the United States or a permanent resident alien who is eligible for and has applied for citizenship. Can you prove documentation?  Yes  No

Height  Weight  Hair Color  Eye Color

Scars, marks, or tattoos

### Experience and Employment

List your last four jobs, including part-time, temporary and voluntary positions that you have held. For the purpose of this application, volunteer work should be included as employment.

Name <input type="text"/>	Name <input type="text"/>
Address <input type="text"/>	Address <input type="text"/>
City <input type="text"/> State <input type="text"/> Zip Code <input type="text"/>	City <input type="text"/> State <input type="text"/> Zip Code <input type="text"/>
Phone Number <input type="text"/>	Phone Number <input type="text"/>
Dates of Employment <input type="text"/>	Dates of Employment <input type="text"/>

Name <input type="text"/>	Name <input type="text"/>
Address <input type="text"/>	Address <input type="text"/>
City <input type="text"/> State <input type="text"/> Zip Code <input type="text"/>	City <input type="text"/> State <input type="text"/> Zip Code <input type="text"/>
Phone Number <input type="text"/>	Phone Number <input type="text"/>
Dates of Employment <input type="text"/>	Dates of Employment <input type="text"/>

**Legal**

If you have been arrested or convicted for any crime (excluding traffic citations, please give the following information).

Date of Offense

Law Enforcement Agency

Offense(s)

Have you ever been placed on court probation as an adult?  Yes  No

If "yes" , provide details - when, where, why.

Were you ever required to appear before a juvenile court for an act that would have been a crime if committed by an adult?

Yes  No

If "yes" please provide details - when where, why.

Have you ever been reported to a law enforcement agency as a missing person or a runaway?  Yes  No

If "yes" please provide details - when, where, why.

**Motor Vehicle Operation**

CA Driver's License #

Please provide state where you have been licensed to operate a motor vehicle.

State  Name under which license was granted

State  Name under which license was granted

State  Name under which license was granted

**Motor Vehicle Operation continued**

Have you ever been refused a driver's license by any state?  Yes  No If yes, provide details below.

Date  Location  Reason Refused

Date  Location  Reason Refused

Date  Location  Reason Refused

California law requires that operators and owners of motor vehicles be covered by automobile liability insurance of bond or deposit of \$35,000 with the Department of Motor Vehicles. List your current liability insurance provider.

Insurance Company

Address

City  State  Zip Code  Phone #

Policy #  Expiration Date

List all traffic citations (excluding parking citations) you have received within the last five years.

Date of Violation  Location  Violation

Date of Violation  Location  Violation

Date of Violation  Location  Violation

Have you been involved, as a driver, in a motor vehicle accident within the last five years?

Yes  No If yes, provide details below.

Date  Location   Injury  Non-Injury

Date  Location   Injury  Non-Injury

Date  Location   Injury  Non-Injury

Date  Location   Injury  Non-Injury

Have you ever been refused motor vehicle insurance for any reason other than failure to pay a premium?

Yes  No If yes, provide details below.

Date  Insurance Co.  Reason

Date  Insurance Co.  Reason

Date  Insurance Co.  Reason

Have you ever applied for a permit to carry a concealed weapon?  Yes  No If yes, provide details below.

Permit Granted

Yes  No Date  Issued By

Purpose

**References**

Please list three references not related to you.

Name

Address

City  State  Zip Code

Phone Number  email

Name

Address

City  State  Zip Code

Phone Number  email

Name

Address

City  State  Zip Code

Phone Number  email

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

Signature Field  Date