



Return form to:
 Sergeant Brian Wilkinson
 Wheat Ridge Police Department
 7500 W. 29th Avenue
 Wheat Ridge, CO 80033
 303-235-2951

Volunteer Application

Applicant Information

Full Name:			Date:
<i>Last</i>	<i>First</i>	<i>M.I.</i>	
Date of Birth:	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Social Security Number:	
Driver's License Number:		State of issuance:	
Home Address:			Apt/ Unit:
City:		State:	Zip Code:
Home Phone:		Cell Phone:	
Email:			
Are you a citizen of the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, please list the date and place of naturalization:	
Are you presently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Company:	
Business Phone Number:			

Additional Information

Have you ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain the nature of the crime:
Are you a registered sexual offender?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Education

Highest Grade Level Completed:	<input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18+
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References

Full Name:	Relationship:
Company:	Phone:
Address:	
Full Name:	Relationship:
Company:	Phone:
Address:	
Full Name:	Relationship:
Company:	Phone:
Address:	

Previous Employment

Company:	Phone:	
Address:	City/State:	
Job Title:	Supervisor:	
Responsibilities:		
From:	To:	May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for leaving:		
Company:	Phone:	
Address:	City/State:	
Job Title:	Supervisor:	
Responsibilities:		
From:	To:	May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for leaving:		

Volunteer Experience (Previous or Current)			
Organization Name:		From:	To:
Address:		Supervisor:	
Type of volunteer work:			
Organization Name:		From:	To:
Address:		Supervisor:	
Type of volunteer work:			
Organization Name:		From:	To:
Address:		Supervisor:	
Type of volunteer work:			

Have you every applied to be a volunteer with other law enforcement agencies? If so, where?	
Are you fluent in any foreign languages? If so, which language(s)?	
Please list the reasons why you are interested in volunteering with the Wheat Ridge Police Department.	
What do you hope to get out of volunteering with the WRPD?	
Please list any special skills, trainings or talents.	

Volunteer Work Preference		
<input type="checkbox"/> Typing/Clerical/Filing/Shredding	<input type="checkbox"/> Administrative	<input type="checkbox"/> Street/Field
<input type="checkbox"/> Working with the Public	<input type="checkbox"/> Working with Youth	<input type="checkbox"/> Police Chaplain

Other Interest			
<input type="checkbox"/> Special Events	<input type="checkbox"/> Patrol Bureau	<input type="checkbox"/> Investigation Bureau	<input type="checkbox"/> Community Services
<input type="checkbox"/> Animal Control	<input type="checkbox"/> Neighborhood Watch	<input type="checkbox"/> SWAT and Trainings	<input type="checkbox"/> Schools

I understand that the Wheat Ridge Police Department will conduct a criminal background investigation and a complete DMV history on each applicant. I might also be asked to take a polygraph examination due to the nature and sensitivity of the volunteer work. I certify that all of the information provided herein is true and correct.

Signature: _____ Date: _____

I am presently an applicant for a volunteer position with the Wheat Ridge Police Department. In order to be considered for such a position, the Police Department needs to obtain verification of past performance. I hereby authorize you to transmit to the Wheat Ridge Police Department any and all information concerning my past employment performance including, but not limited to, the information required in this form. I do hereby release and so discharge the Police Department and its agents or employees together with the employer whose name and address appears on this form or any of its agents or employees, from any liability, claim, or demand of any nature whatsoever, arising out of the dissemination of the information requested herein.

Signature: _____ Date: _____