



Chowchilla Police Department
Volunteer Application

Return the completed application to

*Chowchilla Police Department
122 Trinity Avenue
Chowchilla, CA 93610
(559) 665-8600*

Attention: Volunteer Coordinator

Applicant Name: _____



Chowchilla Police Department
David Riviere, Chief of Police
122 Trinity Avenue, Chowchilla, CA 93610





Chowchilla Police Department

David Riviere, Chief of Police

122 Trinity Avenue, Chowchilla, CA 93610



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EMPLOYMENT HISTORY

List all employers for the past ten years (most recent to older). Provide enough information for adequate evaluation of your work experience and abilities. Attach additional pages if needed.

1. _____

Company Name Complete Address

Telephone Number Start Date End Date

Title Summarize Duties

2. _____

Company Name Complete Address

Telephone Number Start Date End Date

Title Summarize Duties

3. _____

Company Name Complete Address

Telephone Number Start Date End Date

Title Summarize Duties

LANGUAGES

Are you bilingual? Yes: _____ No: _____ Spoken: _____ Read: _____

If yes, what language(s) do you know?

_____ Fair _____ Good _____ Excellent
 Language Proficiency (check one)

_____ Fair _____ Good _____ Excellent
 Language Proficiency (check one)

_____ Fair _____ Good _____ Excellent
 Language Proficiency (check one)

CONVICTIONS

As an adult, have you ever been convicted of an offense other than a minor traffic violation?

Yes: _____ No: _____ If yes, give the date and nature of the offense. (Convictions are evaluated and are not necessarily disqualifying): _____



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ADDITIONAL INFORMATION

Education and Training (List highest level of education and any specialized training you have attained):

Hobbies/Interests: _____

Special Skills: _____

Previous Volunteer Experience: _____

REFERENCES

Provide names and addresses of three people, not relatives, that we may contact who have knowledge of your job skills, experience and ability. You may use past employers.

1.	_____	_____	_____	_____	_____	_____
	Name	Address	City	State	Zip	Phone
2.	_____	_____	_____	_____	_____	_____
	Name	Address	City	State	Zip	Phone
3.	_____	_____	_____	_____	_____	_____
	Name	Address	City	State	Zip	Phone

SURVEY (optional)

How did you hear about the Chowchilla Police Department Volunteer Program?

_____ Newspaper _____ Referral _____ Social Media _____ City Web Site

_____ Other (explain) _____

APPLICATION CERTIFICATION

I certify that statements made by me in this application are true, complete, and correct to the best of my knowledge and belief. I understand that statements made are subject to verification and that any misrepresentation, fraud, or omission of material facts may be grounds to deny acceptance into, or removal from, the volunteer program.

Signature

Date