

Eureka Police Department

Volunteer Interest Form



Contact Information

| | |
|---------------------|--|
| Name | |
| Street Address | |
| City State ZIP Code | |
| Home Phone | |
| Work/Cell Phone | |
| E-Mail Address | |

Availability

During which hours are you available for volunteer assignments? How many hours can you commit?

- Weekday mornings Weekend mornings Day Week Month
 Weekday afternoons Weekend afternoons
 Weekday evenings Weekend evenings Are you available on an on-call basis?

Interests

Tell us in which areas you are interested in volunteering.

- | | |
|---|--|
| <input type="checkbox"/> Clerical (scanning, archiving, filing, purging docs) | <input type="checkbox"/> Special events |
| <input type="checkbox"/> Data entry/information processing | <input type="checkbox"/> Crime prevention/neighborhood watch |
| <input type="checkbox"/> Administrative/office support (other) | <input type="checkbox"/> Community relations/customer service |
| <input type="checkbox"/> Special projects/research assistance | <input type="checkbox"/> Live Scan/fingerprinting |
| <input type="checkbox"/> Grant writing/fundraising | <input type="checkbox"/> Organizing supplies & equipment |
| <input type="checkbox"/> Web development & support/IT | <input type="checkbox"/> Vehicle washing |
| <input type="checkbox"/> Field work | <input type="checkbox"/> Facility or yard cleaning/maintenance |
| <input type="checkbox"/> Eureka Volunteer Patrol/volunteer coordination | <input type="checkbox"/> Other _____ |

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Previous Volunteer and/or Work Experience

Summarize your previous volunteer/work experience.

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Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. *There is no appeal process for applicants that do not get selected for (or are disqualified from) the volunteer program. A volunteer may be removed from the volunteer program at the discretion of the Chief of Police or the Volunteer Coordinator. Volunteers may resign from volunteer service with the Department at any time.*

| | |
|----------------|--|
| Name (printed) | |
| Signature | |
| Date | |

Any Questions or Comments?

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Thank you for completing this application form and for your interest in volunteering with us!

Administrative (Agency Use Only)

| | | | |
|----------------------|----------|----------|-----------|
| Approved | Yes / No | | |
| Authorization | Name: | Date: | |
| Background completed | Yes / No | Date: | Tier: 1 2 |
| Assigned to | Name: | Section: | |
| Notes/comments | | | |

Eureka Police Department
604 C Street, Eureka, CA 95501
(707) 441-4060

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