



UNIFIED POLICE DEPARTMENT VOLUNTEER APPLICATION FORM

VOLUNTEERS MUST SUCCESSFULLY COMPLETE AND PASS A BACKGROUND CHECK

GENERAL INFORMATION

Date: _____

Name: _____ Birthday: _____
Month/ Day

Address: _____

City: _____ State: _____ Zip: _____ Cell #: _____

EMAIL: _____

How did you hear about this Unified Police Volunteer Program?

Why do you want to volunteer in our program?

Do you have prior experience as a victim advocate or a similar field? Please describe.

VOLUNTEER POSITION

Due to the training our program invests in our volunteers, we ask for a commitment of at least a year. Once your application is submitted, there will be an interview with you to discuss the details of the program.

Are you able and willing to do this (circle one) ? YES NO

What advocate position are you most interested in volunteering for?

_____ MOBILE CRISIS RESPONSE TEAM

_____ OFFICE/COURT ADVOCATE

UPD's jurisdiction encompasses many communities within Salt Lake County which requires our volunteers to travel and serve a variety of communities.

Are you willing to serve a variety of communities? _____ Yes _____ No

What UPD precinct community are you most interested in volunteering for? Check all that apply.

<input type="checkbox"/> Kearns Precinct	<input type="checkbox"/> Midvale Precinct / Sandy Islands, White City
<input type="checkbox"/> Magna Precinct	<input type="checkbox"/> Millcreek Precinct
	<input type="checkbox"/> Holladay Precinct

EDUCATION / EMPLOYMENT / TRANSPORTATION

Are you presently a student? YES NO Where? _____

Do you need to complete hours for an internship? YES NO

How many hours? _____ When must you complete your hours? _____

Current Employer: _____

Employed Since: _____

Address: _____

Phone: _____

Job Duties: _____

Previous Work Experience & Duration of Employment:

1) _____

2) _____

Would you like us to keep your employer abreast of your volunteer service and achievement? YES NO

Do you own or have access to your own transportation? YES NO

If not, how will you travel?

_____ Is your vehicle insured

with at least Liability Insurance? YES NO

Valid Driver's License? YES NO

Driver's License number _____

REFERENCES

References: Please list three professional and/or personal (not including relatives) references that know you well and can attest to your character, skill and dependability.

You will be required to complete and pass a background check.

Name/Relationship

Address

City

State

Zip

Phone

1. _____

2. _____

3. _____

Emergency contact name: _____

Phone: _____

Address: _____ Relationship: _____

By making this application, I hereby authorize Unified Police Department to perform e.g., criminal history record check, reference checks, employment verification etc., of any and all information of whatever kind in either written or verbal form which relates to my ability to perform the duties of the position for which I am applying. I release Unified Police Department of any liability for the use of this information in considering and reviewing my application.

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND COMPLETE, AND THAT ANY MIS-STATEMENT OR OMISSION OF MATERIAL FACTS MAY SUBJECT ME TO DISQUALIFICATION OR DISMISSAL.

SIGNATURE

DATE