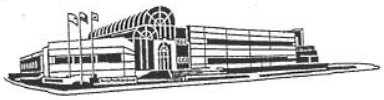
clear form



VOLUNTEER APPLICATION
ORANGE POLICE DEPARTMENT
1107 N. Batavia Street
Orange, CA 92867-5584
(714) 744-7328 Fax: (714) 744-7321

FOR PERSONNEL USE ONLY
Accepted _____ Rejected _____
Reviewed By: _____
Date: _____

The Orange Police Department is an Equal Opportunity - Affirmative Action Employer. We encourage all persons to file applications with us and we do not discriminate on the basis of race, color, religion, age, sex, national origin, veteran status, mental or physical disability.

Print your full name _____
(Last) (First) (Middle) (Maiden)

Address _____
(Number) (Street) (Apt. No.)

_____
(City) (State) (Zip Code)

Telephone _____
(Home) (Work)

Social Security No._____ Email _____

NOTE. Approval of Applicant is contingent upon the successful completion of a background process which includes a police records and work history check and a drug screen.

For background purposes, please complete the following:

Valid Driver's License: YES ☐ NO ☐

Class_____ State_____

License Number: _____

Expiration Date _____

Authorization is given to view DMV records: YES ☐ NO ☐ _____ (initial)

Can you, upon acceptance, submit verification of your right to work in the United States?

YES ☐ NO ☐

Note: Such proof is required upon acceptance.

Have you ever been convicted of a misdemeanor or felony by a court of law or a military tribunal since your 18th birthday? Yes ☐ No ☐

If yes, give details below. Employability will depend upon the nature of the offense, the job in question, and the conduct of the applicant since the offense was committed.

Date	City & State	Offense	Penalty or Disposition

EDUCATION:

Click Box of Highest Grade Completed

9 ☐ 10 ☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ + ☐ Clear Grade Level

Name and Location of School _____

Did you graduate from high school? Yes ☐ No ☐

Do you have a GED certificate? Yes ☐ No ☐

College or University	Major	Units	When Completed	Degree(s) Received or Expected

Have you ever worked or attended school under a different name? Yes ☐ No ☐ If yes, give name(s) and dates used. _____

Professional Licenses or Certificates: _____

Do you speak, read or write any language other than English? If so, please list: _____

Other Job Related Training: _____

Please describe any physical defects or disabilities, including extent of defective vision, if any, without glasses, and deficiencies in color vision and hearing: _____

Employer or Former Employer: _____
(Name) (Department) (Supervisor)

Employer's Address: _____
(Street) (City) (State) (Zip Code)

Employer's Phone No.: _____ May we contact your present employer? _____

LIST THREE (3) PERSONAL REFERENCES WHO HAVE KNOWN YOU AT LEAST ONE YEAR:

Name: _____ Address: _____

Telephone Number: _____ Number of Years of Acquaintance: _____

Name: _____ Address: _____

Telephone Number: _____ Number of Years of Acquaintance: _____

Name; _____ Address: _____

Telephone Number: _____ Number of Years of Acquaintance: _____

AVAILABILITY:

What days of the week are you available to volunteer? _____

What time on these days could you be available for volunteer services at OPD? _____

In what work areas do you wish to have your services utilized? _____

Briefly explain why you have offered to do volunteer work: _____

_____

Please describe any relevant volunteer service or paid employment you may have had: _____

_____

Special skills or interests you might wish to share: _____

OTHER VOLUNTEER SERVICES:

Where?	When?	How long?	Nature of service?

I hereby certify that all statements made in this application are true and complete to the best of my knowledge and belief. I understand that false or misleading statements or missing information is cause for rejection of application, removal of name from eligible list, or dismissal from the program.

_____ _____
Signature of Applicant Date

ORANGE POLICE DEPARTMENT
VOLUNTEER PROGRAM- QUESTIONNAIRE
(Please Print)

NAME: _____
(Last) (First) (Middle)

ADDRESS: _____

PHONE: _____
(Daytime) (Evening) (Fax)

____ I am able to work: Monday - _____ Friday - _____
Tuesday- _____ Saturday - _____
Wednesday - _____ Sunday- _____
Thursday - _____

(Please Indicate hours adjacent to each day you are available)

____ I am interested in staffing the main lobby Information Booth

____ I have experience in operating computers:

Types: _____ Programs: _____

____ I have experience with typewriters:

Types: _____ Speed: _____

____ List any special skills you feel would be beneficial to the Department:

_____

____ I have worked or Volunteered for another law enforcement agency:

Agency: _____ Division: _____

____ I can speak / write another language, would be available as an interpreter:

Language: _____ Write: _____ Speak: _____

____ I have a current CPR / First-Aid Certificate:

Agency: _____ Renewal Date: _____

____ Do you require any special accommodations to participate in this program?

Explain: _____

(This portion pertains to alternative communication only)

AMATEUR RADIO

License Class / Grade: _____

License Expiration Date: _____

FCC Call Sign: _____

Communication Specialties: (i.e. HF, VHF, UHF, Packet, CW, APRS, ATV, etc.)

_____

R.A.C.E.S. Member:

☐ YES ☐ NO Where: _____

clear

Contact: _____ Telephone: (____) ____ - _____

ARRL Member:

☐ YES ☐ NO Where: _____

clear

Contact: _____ Telephone: (____) ____ - _____

Have in the past or are currently providing Volunteer assistance with another agency:

☐ YES ☐ NO Where: _____

clear

Contact: _____ Telephone: (____) ____ - _____

First Aid Training:

NONE ____ Basic ____ Intermediate ____ Advanced ____

Date last training received: _____

CPR Training: ☐ YES ☐ NO If yes, date completed: _____

clear

Languages Spoken: (other than English) _____

RESOURCES

LAST NAME _____ FIRST NAME _____ CALL _____

HOME PHONE _____ WORK PHONE _____ PACKET HOME BBS _____

THIS PAGE IS TO LIST ANY EQUIPMENT YOU HAVE THAT COULD BE USED IN AN ACTIVITY OR DISASTER. PUT AN X IN THE APPROPRIATE ROW AND COLUMN FOR THE EQUIPMENT AND BAND THAT IT OPERATES IN. FOR EXAMPLE, IF YOU HAD A BASE HF RADIO THAT OPERATED 160-10 METER BANDS, YOU WOULD PUT AN X IN ALL THE COLUMNS 160-10 METERS. HOWEVER, IF YOU ONLY HAD A 20 METER ANTENNA FOR THAT RADIO, PUT AN X ONLY IN THE 20 METER COLUMN WHEN FILLING OUT THE BASE ANTENNA ROW.
FOR RADIOS, ONLY INCLUDE SYNTHESIZED TUNERS, NO CRYSTALED SETS PLEASE!.

PLEASE CHECK ANY ITEMS YOU HAVE THAT COULD BE USED IN AN ACTIVITY OR DISASTER.

- ☐ DO YOU HAVE PORTABLE PACKET RADIO?
- ☐ BEAM ANTENNA
- ☐ EXTRA COAX
- ☐ COOKING EQUIPMENT
- ☐ MOTORCYCLE

Band VS Equipment	160 METERS	80 METERS	40 METERS	30 METERS	20 METERS	17 METERS	15 METERS	12 METERS	C.B.	10 METERS	6 METERS	2 METERS	1.25 M (220 Mhz)	70 CM (440 Mhz)	33 CM (902 Mhz)	23 CM 1.2 Ghz)
BASE RADIOS																
BASE ANTENNAS																
MOBILE RADIOS																
MOBILE ANTENNAS																
HANDHELDS																
PACKET																
RTTY																
A.T.V.																

- ☐ GENERATOR, TYPE _____
- ☐ PORTABLE TOWER, HEIGHT _____
- ☐ TENTS, DESCRIBE _____
- ☐ FOUR-WHEEL DRIVE VEHICLE, TYPE _____
- ☐ RECREATIONAL VEHICLE, TYPE _____
- ☐ AIRCRAFT, TYPE _____
- ☐ BOAT, PORTABLE, TYPE _____ CAPACITY _____

SPECIAL TRAINING

FIRST AID TRAINING ☐ NONE ☐ BASIC ☐ INTERMEDIATE ☐ ADVANCED

DATE LAST TRAINING RECEIVED _____

C.P.R. TRAINING ☐ YES ☐ NO IF YES, DATE COMPLETED _____

LANGUAGES SPOKEN (OTHER THAN ENGLISH) _____

IF YOU WERE IN THE MILITARY, LIST BRANCH _____ HIGHEST RANK _____

SPECIAL TRAINING OR EXPERIENCE (INCLUDING MILITARY)

_____

_____

_____

FCC LICENSE

LICENSE GRADE ☐ NOVICE ☐ TECHNICIAN ☐ GENERAL ☐ ADVANCED ☐ EXTRA

FCC CALL SIGN _____ DATE LICENSED _____

INCLUDE A COPY OF YOUR LICENSE WITH YOUR APPLICATION.

EXPERIENCE

ARE YOU AFFILIATED WITH ANY OTHER AMATEUR EMERGENCY COMMUNICATIONS GROUP? ☐ YES ☐ NO

IF YES, PLEASE EXPLAIN. (INCLUDE ANY PAST AFFILIATIONS, WHEN, WHERE, POSITION, ETC.)

_____

_____

WILL YOU BE ABLE TO PARTICIPATE CONSISTENTLY IN THE MAJORITY OF C.O.A.R.

ACTIVITIES (PUBLIC SERVICE)? ☐ YES ☐ NO

DRILLS AND EXERCISES? ☐ YES ☐ NO

EMERGENCY CALL-OUTS? ☐ YES ☐ NO

ARE YOU ABLE TO LEAVE WORK TO PARTICIPATE IN:

EXERCISES AND DRILLS? ☐ YES ☐ NO

EMERGENCY ACTIVITIES? ☐ YES ☐ NO

WHAT DAYS/HOURS ARE YOU USUALLY AVAILABLE TO PARTICIPATE? _____

_____

_____

EXPLAIN YOUR EMERGENCY COMMUNICATIONS EXPERIENCE:

_____

_____

_____

_____

_____