



## CITY OF STANWOOD POLICE DEPARTMENT

### VOLUNTEER SERVICE APPLICATION

**Stanwood Police Department**8727 271<sup>st</sup> Steet NW

Stanwood, WA 98292

(425) 388-5290 Fax: (360) 629-2886

<https://www.stanwoodwa.org/258/Police>**City of Stanwood**10220 270<sup>th</sup> Street NW

Stanwood, WA 98292

(360) 629-2181 Fax: (360) 629-3009

[www.stanwoodwa.org](http://www.stanwoodwa.org)

First Name (Full Legal Name):	Last Name:	Middle Name:
Alias name(s) used within the last 7 years:		
Street Address:	City, State:	Zip:
Additional Previous Addresses within last 7 years:		
Phone Number:	Email Address:	
Date of Birth:	Driver's License Number:	

**Why do you want to become a member of the Stanwood Volunteer Team?**

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**What training, education and experience do you have that would be helpful to the Stanwood Police Department?**

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Are you willing to volunteer the required 8 hours per month, consisting of two 3-hour shifts and one monthly meeting? Yes \_\_\_\_\_ No \_\_\_\_\_



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Are you physically able to stand for up to 3 hours and lift at least ten (10) pounds?

Yes\_\_\_\_\_ No\_\_\_\_\_

Do you have good vision, hearing, and agility?

Yes\_\_\_\_\_ No\_\_\_\_\_

EMPLOYMENT HISTORY:	
Employer's Name:	From                      To
Address:	Supervisor:
Phone:	Position Title:
Primary Duties:	
Hours worked per week:	Number of employees supervised by you:
Reason for leaving (if still employed, indicate reason for wanting to leave):	May we contact your employer? If no, please state reason.

Employer's Name:	From                      To
Address:	Supervisor:
Phone:	Position Title:
Primary Duties:	
Hours worked per week:	Number of employees supervised by you:
Reason for leaving (if still employed, indicate reason for wanting to leave):	May we contact your employer? If no, please state reason.

References (do not list relatives)					
Name:		Address:		Phone:	
Name:		Address:		Phone:	
Name:		Address:		Phone:	
Name:		Address:		Phone:	
In case of emergency, please contact:					
Name:		Address:		Phone:	
Name:		Address:		Phone:	



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Have you ever been arrested? Yes \_\_\_\_\_ No \_\_\_\_\_

Were you convicted? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever received a moving violation citation? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have any objection to being fingerprinted and having a criminal history check made through Federal and State agencies? Yes \_\_\_\_\_ No \_\_\_\_\_

#### ACKNOWLEDGEMENT AND SIGNATURE

Volunteers are not considered City of Stanwood employees. Injury compensation is provided through the Department of Labor and Industries. Volunteer service is considered creditable work experience. The data furnished on this form is furnished voluntarily and will be used to contact, interview, and place volunteers.

#### SIGNATURE IS REQUIRED

To the best of my knowledge, the information herein is true and complete. I understand that falsification of this application is grounds for dismissal as a volunteer. Further, I give my permission for an authorized representative of the City of Stanwood/Snohomish County Sheriff's Office to conduct a national background check in accordance with RCW 43.43.830-845 and to inquire of individuals about my ability to perform all aspects of the volunteer position for which I am being considered and I release the City of Stanwood and those individuals/institutions that provide information from any liability that may arise from the provision of this information.

As a volunteer for the City of Stanwood, I am fully aware that the work associated with being a City of Stanwood volunteer involves certain risks of physical injury or death. Being fully informed as to these risks and in consideration of my being allowed to participate in the City's Volunteer program, I hereby assume all risk of injury, damage, and harm to myself arising from such activities or use of City facilities. I also hereby individually and on behalf of my heirs, executors, and assignees, release and hold harmless the City of Stanwood, its officials, employees, and agents and waive any right of recovery that I might have to bring a claim or lawsuit against them for any personal injury, death, or other consequences occurring to me arising out of my volunteer activities.

I authorize any necessary emergency medical treatment that might be required for me in the event of physical injury and/or accident to me while participating in this program. ☐ Yes ☐ No

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY THAT THE INFORMATION ON THE FOREGOING APPLICATION IS TRUE AND CORRECT.

Signature

Date



## **CITY OF STANWOOD POLICE DEPARTMENT**

### **VOLUNTEER SERVICE APPLICATION**

<b>NON-DISCRIMINATION</b>
Applicants are considered by appointment without regard to race, color religion, gender, national origin, sexual orientation, age, genetic information, marital or veteran status or the presence of any disability.