



# **WEST MELBOURNE POLICE DEPARTMENT**

## ***POLICE VOLUNTEER APPLICATION PACKAGE***

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Thank you for your interest in the West Melbourne Police Department's volunteer program. By working hand in hand with community members, we can improve communications with residents, enhance the quality of life for West Melbourne residents, and create a stronger police presence.

There are many different reasons to volunteer - some people may enjoy the camaraderie of working with others who want to do something to help fight crime, some want to give something back to the community, while others want to make a difference and have a positive impact on their community.

West Melbourne Police Department offers several ways to get involved in your local police department. By joining the police department's volunteer program, you join an elite team of volunteers working with local law enforcement to improve the City of West Melbourne while giving something back to the community.

### **VOLUNTEER REQUIREMENTS**

- Good moral character
- No felony convictions
- Ability to get along with others
- Current US citizen
- Dependable

Dependent on responsibilities, additional requirements may include:

- Good physical condition
- Valid Florida driver license
- Excellent driving record
- Proof of automobile insurance

### **WHAT WE PROVIDE YOU**

- Police volunteer identification card, if applicable
- Polo shirt designating police volunteer, if applicable
- Opportunity to work with others in a law enforcement environment
- Sense of satisfaction from serving the community

### **APPLICATION PROCESS**

Because there are a limited number of volunteer positions, selection will be based on qualifications, skills, and Department needs. To ensure that our volunteers meet the high standards of the West Melbourne Police Department, we ask that you complete the attached application and forms and return them to West Melbourne Police Department, 2290 Minton Road, West Melbourne, FL 32904.

Upon the satisfactory review of your application and a background investigation, you may be contacted to schedule an oral interview depending on position availability. After the successful completion of your oral interview, you will be scheduled for fingerprinting. Those volunteers assigned to the Department facility will also be required to take the CJIS Security and Awareness Training and Testing. Upon the successful completion of all background components, you may be assigned to a volunteer position with the PAL Program or the Department's Volunteer Program and provided a schedule. Some volunteer positions will require a minimum of 16 hours per month. If you have any questions about the application process, please call 321-723-9673.

We appreciate your interest in volunteering at West Melbourne Police Department. We look forward to forging a new relationship between our citizens and law enforcement through our police volunteer program.



# WEST MELBOURNE POLICE DEPARTMENT

## VOLUNTEER AGREEMENT

I agree and understand that any work I perform on behalf of West Melbourne Police Department will be provided on a voluntary basis and that I do not expect payment or other compensation for performing such work. I understand and agree that a volunteer position does not constitute an employee-employer relationship with the City of West Melbourne and that the City of West Melbourne may terminate my volunteer status at any time. The City of West Melbourne and the West Melbourne Police Department are under no obligation to reimburse me for training or work-related expenses. I realize that West Melbourne Police Department has certain expectations of me as a volunteer and that if I cannot keep my volunteer commitment I will notify my supervisor in advance of my agreed upon reporting time.

I acknowledge and accept the obligation to serve the public while maintaining the highest ethical standards in personal and official conduct.

I have read and understand and will comply with West Melbourne Police Department's policies regarding the following areas:

**Confidential Information:** Official business of this department is confidential. The names, nature of crimes, investigative discussions, and casual remarks regarding persons or incidents are not to be discussed outside of the department. Volunteers shall discuss or give official information only to persons for whom the information is intended and as directed by supervisors or as required by law. No information shall be provided to the public or the press except within the guidelines of the department. Failure to respect confidentiality will result in immediate termination.

**Fraternization:** Members of the department are prohibited from fraternizing with, engaging in the service of, accepting services from, or performing favors for any person in the custody or recently released from the custody of the department. Any member contacted by, or in behalf of, a recently discharged prisoner shall immediately report this to a supervisor.

**Identification:** You may be issued an identification card. You will be held responsible for it and must report its loss to your supervisor immediately. You will not use this card as a means to obtain, solicit, or accept services or favors or represent yourself in any means that will discredit the West Melbourne Police Department or the City of West Melbourne.

**Injuries:** You should report any injuries on the job to your supervisor.

\_\_\_\_\_  
Volunteer Applicant Signature

\_\_\_\_\_  
Date



# WEST MELBOURNE POLICE DEPARTMENT

## VOLUNTEER MEDICAL WAIVER

I, \_\_\_\_\_, understand that I must be in satisfactory physical condition to perform the duties of the West Melbourne Police Department Volunteer program. These duties include but are not limited to a four-hour shift with:

- Driving a vehicle
- Moderate walking
- Entering and exiting a vehicle numerous times per day
- Sitting for long periods of up to four hours
- Light lifting (< 20 lbs.)
- Climbing stairs (one or more flights)
- Walking on uneven ground (i.e. residential yard)
- Standing for extended periods

By signing this medical waiver I acknowledge that I am in adequate physical condition and have no medical limitations that would prohibit my participation in the Volunteer Program.

\_\_\_\_\_  
Volunteer Applicant Signature

\_\_\_\_\_  
Date



# WEST MELBOURNE POLICE DEPARTMENT

## *REQUIRED DOCUMENTS*

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The following should be mailed or brought to our office with the Police Volunteer application.

- A copy of your birth certificate
- A copy of your social security card
- A copy of your current drivers license
- A copy of your high school diploma, G.E.D. certificate, certificate of high school proficiency, and/or college diploma (optional)
- Proof of selective service registration (if male and born before March 29, 1957, call 703-605-4047; if male and born after January 1, 1960, call 847-688-6888. Men born from March 29, 1957 to December 31, 1959, were not required to register because registration was suspended for several years in the late 1970s. Selective Service website address: <http://www.sss.gov/records.htm>)
- A copy of your DD214 Long Form if you were in the military, along with any awards or decorations you received
- Copies of any other certificates, awards, recognitions, etc. you would like considered

### **ACKNOWLEDGEMENT**

I have received a copy of this form and understand that it is my responsibilities to arrange for all of the documents above that apply to me. Failure to promptly arrange for these documents will result in my application being dropped from consideration for this position.

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Volunteer Applicant Signature

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Date



# WEST MELBOURNE POLICE DEPARTMENT

## VOLUNTEER APPLICATION

The following information is requested of you for verification and contact purposes. Please use black ink and print clearly. All questions must be answered truthfully. If a question is not applicable, so state by indicating "N/A". Incomplete applications will not be considered.

Your Name			
Last	First	Middle	
Other names (including nicknames) you have used or been known by:			
Please list address at which you can be contacted.			
Number Street		City	State Zip Code
Please list local telephone numbers(s) at which you can be contacted.		( ) _____ Hrs. you can be contacted:	( ) _____ Hrs. you can be contacted:
Birthdate		You must be a citizen of the United States or a permanent resident alien who is eligible for and has applied for citizenship. Can you provide such documentation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Month	Day Year		
Social Security Number		<i>Social Security Number is requested for the sole purpose of Volunteer Background Investigations.</i>	
Email Address:		Social Media Pages (ie Facebook, Twitter)	
U.S. Citizen		Date, Place, Court, and Naturalization Number	
<input type="checkbox"/> YES <input type="checkbox"/> NO If Naturalized, Please Provide:			

Have you EVER applied for employment with the West Melbourne Police Department?  YES  NO  
If YES, please supply dates: \_\_\_\_\_

Have you ever used any other name?  YES  NO If YES, please list those names here: \_\_\_\_\_  
\_\_\_\_\_

List any and all volunteer experience that you have to include the organization(s) and duties performed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is your special reason for volunteering with us and what do you see as the result of your volunteering: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Referral Source:  Newspaper  City Website  Employee Referral  Internship  Professional Organization  
 Social Media  City Newsletter  College Recruitment  Walk-In  Citizens Police Academy

The West Melbourne Police Department is committed to a diverse work force and is an equal opportunity employer.  
The City of West Melbourne is a Florida drug-free work place.

**RELATIVES AND REFERENCES**

*During the course of the background investigation, persons who know you will be asked to comment upon your suitability for the position of volunteer. Inquiries will be limited to volunteer position-relevant matters.*

In the space below, please list at least four individuals who have known you for at least five years. Exclude former employers. If a category is not applicable, write in "N/A."

Name/Occupation/Relationship	Address where person can be contacted (Include Zip Code)	Telephone (Include Area Code)
Name	<input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Home
Occupation		<input type="checkbox"/> Work
Relationship	How long known	
Name	<input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Home
Occupation		<input type="checkbox"/> Work
Relationship	How long known	
Name	<input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Home
Occupation		<input type="checkbox"/> Work
Relationship	How long known	
Name	<input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Home
Occupation		<input type="checkbox"/> Work
Relationship	How long known	
Name	<input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Home
Occupation		<input type="checkbox"/> Work
Relationship	How long known	

**EMERGENCY CONTACT**

Name Relationship	Address
Home Phone	Work Phone

**EDUCATION**

Please check the appropriate box(es).

- I possess a high school diploma from a U.S. institution.
- I passed the G.E.D. (General Educational Development) test.
- I possess a two-year college degree.
- I possess a four-year college or university degree.
- I do not currently have a high school diploma or its equivalent, but I plan to satisfy the requirement in the future as follows:

Please indicate below all the schools you have attended beginning with high school. During the background investigation, persons who have known you in a learning environment will be contacted. A review of your school records may be made in conjunction with those contacts.

Name of School	Address of School	Dates Attended		School References (teachers, counselors, etc.)
		From Month/Year	To Month/Year	

**EXPERIENCE AND EMPLOYMENT**

Beginning with your most current employment, please list all jobs (including part-time, temporary, military service and volunteer positions) you have held in the past. If you have had intervening periods of unemployment, please list those periods in sequence in the spaces provided.

Dates of employment		Name and address of employer		Name of supervisor	
From Mo. Yr. /	To Mo. Yr. /		Telephone No.		
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer		Title or duties		Names(s) of co-worker(s)	
Reason for leaving					
<input type="checkbox"/> Not employed			From: Mo. / Yr.	To: Mo. / Yr.	
Dates of employment		Name and address of employer		Name of supervisor	
From Mo. Yr. /	To Mo. Yr. /		Telephone No.		
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer		Title or duties		Names(s) of co-worker(s)	
Reason for leaving					
<input type="checkbox"/> Not employed			From: Mo. / Yr.	To: Mo. / Yr.	
Dates of employment		Name and address of employer		Name of supervisor	
From Mo. Yr. /	To Mo. Yr. /		Telephone No.		
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer		Title or duties		Names(s) of co-worker(s)	
Reason for leaving					
<input type="checkbox"/> Not employed			From: Mo. / Yr.	To: Mo. / Yr.	
Dates of employment		Name and address of employer		Name of supervisor	
From Mo. Yr. /	To Mo. Yr. /		Telephone No.		
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer		Title or duties		Names(s) of co-worker(s)	
Reason for leaving					
<input type="checkbox"/> Not employed			From: Mo. / Yr.	To: Mo. / Yr.	

**EXPERIENCE AND EMPLOYMENT (Continued)**

Dates of employment		Name and address of employer		Name of supervisor
From Mo. Yr. /	To Mo. Yr. /		Telephone No.	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer		Title or duties		Names(s) of co-worker(s)
Reason for leaving				
<input type="checkbox"/> Not employed			From: Mo. Yr. /	To: Mo. Yr. /
Dates of employment		Name and address of employer		Name of supervisor
	Telephone No.			
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer		Title or duties		Names(s) of co-worker(s)
Reason for leaving				
<input type="checkbox"/> Not employed			From: Mo. Yr. /	To: Mo. Yr. /
Dates of employment		Name and address of employer		Name of supervisor
From Mo. Yr. /	To Mo. Yr. /		Telephone No.	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer		Title or duties		Names(s) of co-worker(s)
Reason for leaving				
<input type="checkbox"/> Not employed			From: Mo. Yr. /	To: Mo. Yr. /

**SUBSTANCE USE**

Have you ever used any controlled substance without a prescription? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: _____ How often do you consume alcoholic beverages? _____ Please check all types of substances you have used:																
<table border="0"> <tr> <td><input type="checkbox"/> Marijuana (Grass, Pot)</td> <td><input type="checkbox"/> Psilocybin (Magic Mushroom)</td> </tr> <tr> <td><input type="checkbox"/> Hashish/Hash Oil</td> <td><input type="checkbox"/> PCP (Angel Dust, Crystal, Rocket fuel, KI)</td> </tr> <tr> <td><input type="checkbox"/> Cocaine</td> <td><input type="checkbox"/> Mescaline/Peyote</td> </tr> <tr> <td><input type="checkbox"/> Heroin</td> <td><input type="checkbox"/> Amphetamines/Methamphetamine (Uppers, Speed, Crank)</td> </tr> <tr> <td><input type="checkbox"/> Morphine/Demerol</td> <td><input type="checkbox"/> Hallucinogens (LSD, STP, DMT, MDA, DET, Synthetic THC)</td> </tr> <tr> <td><input type="checkbox"/> Pain Killers (not prescribed to you)</td> <td><input type="checkbox"/> "K2", "Spice" or other synthetic potpourri</td> </tr> <tr> <td><input type="checkbox"/> Barbiturates (Downers, Reds)</td> <td><input type="checkbox"/> Anabolic Steroids</td> </tr> <tr> <td><input type="checkbox"/> Quaaludes (Ludes)</td> <td><input type="checkbox"/> Other:</td> </tr> </table>	<input type="checkbox"/> Marijuana (Grass, Pot)	<input type="checkbox"/> Psilocybin (Magic Mushroom)	<input type="checkbox"/> Hashish/Hash Oil	<input type="checkbox"/> PCP (Angel Dust, Crystal, Rocket fuel, KI)	<input type="checkbox"/> Cocaine	<input type="checkbox"/> Mescaline/Peyote	<input type="checkbox"/> Heroin	<input type="checkbox"/> Amphetamines/Methamphetamine (Uppers, Speed, Crank)	<input type="checkbox"/> Morphine/Demerol	<input type="checkbox"/> Hallucinogens (LSD, STP, DMT, MDA, DET, Synthetic THC)	<input type="checkbox"/> Pain Killers (not prescribed to you)	<input type="checkbox"/> "K2", "Spice" or other synthetic potpourri	<input type="checkbox"/> Barbiturates (Downers, Reds)	<input type="checkbox"/> Anabolic Steroids	<input type="checkbox"/> Quaaludes (Ludes)	<input type="checkbox"/> Other:
<input type="checkbox"/> Marijuana (Grass, Pot)	<input type="checkbox"/> Psilocybin (Magic Mushroom)															
<input type="checkbox"/> Hashish/Hash Oil	<input type="checkbox"/> PCP (Angel Dust, Crystal, Rocket fuel, KI)															
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<input type="checkbox"/> Morphine/Demerol	<input type="checkbox"/> Hallucinogens (LSD, STP, DMT, MDA, DET, Synthetic THC)															
<input type="checkbox"/> Pain Killers (not prescribed to you)	<input type="checkbox"/> "K2", "Spice" or other synthetic potpourri															
<input type="checkbox"/> Barbiturates (Downers, Reds)	<input type="checkbox"/> Anabolic Steroids															
<input type="checkbox"/> Quaaludes (Ludes)	<input type="checkbox"/> Other:															
Explain (year first used, month/year last used and total times used):																

**LEGAL**

If you have ever been arrested or convicted for any crime excluding traffic citations, please give the following information:

Date	Police Agency	Circumstances

Have you ever been placed on court probation as an adult?       Yes       No      If yes, please give details (when, where, why).

Have you ever been reported to a law enforcement agency as a missing person or a runaway?       Yes       No  
If yes, please give details (date, law enforcement agency, circumstances).

Are you now or have you ever been involved as a plaintiff or defendant in any civil court action?       Yes       No  
If yes, please give details (when, where, name and location of court, circumstances).

Have you ever applied for a permit to carry a concealed weapon?       Yes       No

Permit granted?       Yes       No      Date: \_\_\_\_\_

Name of law enforcement agency: \_\_\_\_\_

Purpose: \_\_\_\_\_

Have you ever been a successful or unsuccessful candidate, for any law enforcement agency, including this department? If so, please list all agencies starting with the most recent.

Agency - address, zip code, phone	Position/Classification	Date (Mo./Yr.)
Submitted Application Only <input type="checkbox"/> Status and/or Results:	Background Investigation Conducted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Polygraph? <input type="checkbox"/> Yes <input type="checkbox"/> No Medical? <input type="checkbox"/> Yes <input type="checkbox"/> No
Agency - address, zip code, phone	Position/Classification	Date (Mo./Yr.)
Submitted Application Only <input type="checkbox"/> Status and/or Results:	Background Investigation Conducted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Polygraph? <input type="checkbox"/> Yes <input type="checkbox"/> No Medical? <input type="checkbox"/> Yes <input type="checkbox"/> No
Agency - address, zip code, phone	Position/Classification	Date (Mo./Yr.)
Submitted Application Only <input type="checkbox"/> Status and/or Results:	Background Investigation Conducted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Polygraph? <input type="checkbox"/> Yes <input type="checkbox"/> No Medical? <input type="checkbox"/> Yes <input type="checkbox"/> No
Agency - address, zip code, phone	Position/Classification	Date (Mo./Yr.)
Submitted Application Only <input type="checkbox"/> Status and/or Results:	Background Investigation Conducted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Polygraph? <input type="checkbox"/> Yes <input type="checkbox"/> No Medical? <input type="checkbox"/> Yes <input type="checkbox"/> No

**MOTOR VEHICLE OPERATION**

*Operation of a motor vehicle may be an integral part of the position of volunteer. An investigation of your driving history will be made through a records check.*

Florida driver's license number			Expiration date
Name under which license was granted			
Please list other states where you have been licensed to operate a motor vehicle.			
State	State	State	State
Name under which license was granted	Name under which license was granted	Name under which license was granted	Name under which license was granted
Have you ever been refused a driver's license by any state? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain (when, where, why).			
Please list all traffic citations you have received within the last 5 years.			
Nature of Violation	Location (city)	Approximate Date	Indicate whether fined or action taken on driver's license
Have you ever been involved as a driver in a motor vehicle accident within the last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give details for each accident.			
Date	Location	<input type="checkbox"/> Injury <input type="checkbox"/> No-injury	
Police investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Police Agency		
Date	Location	<input type="checkbox"/> Injury <input type="checkbox"/> No-injury	
Police investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Police Agency		
Date	Location	<input type="checkbox"/> Injury <input type="checkbox"/> No-injury	
Police investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Police Agency		
Date	Location	<input type="checkbox"/> Injury <input type="checkbox"/> No-injury	
If there is anything you wish to discuss about your driving record, please use the space below.			
Has your license ever been suspended, revoked, or placed on negligent operator's probation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give details (what, when, where, why).			

**MISCELLANEOUS**

Discuss any information of a NEGATIVE NATURE which has not been dealt with in this application that might be relevant to your qualification as a volunteer.


I hereby certify that all statements made in this volunteer application are true and complete and I understand that any misstatements of material facts will subject me to disqualification or dismissal.

Signature in full

Date

**PERSONAL INTERESTS AND HOBBIES**


**SPECIAL SKILLS**


Thank you for your time in completing this volunteer application. If you have any questions regarding this application, please call 321-723-9673. Please return it to:

West Melbourne Police Department  
2290 Minton Rd  
West Melbourne, FL 32904



# WEST MELBOURNE POLICE DEPARTMENT

## RELEASE, WAIVER AND INDEMNIFICATION

The West Melbourne Police Department is authorized to verify any and/or all of the information contained on the application form. I understand that, in submitting this volunteer application for appointment, I agree to abide by the following terms and conditions:

**I hereby certify that all statements made in this application are true and I agree and understand that any omission, falsification, misstatement or misrepresentation may disqualify me as an applicant with the West Melbourne Police Department. All statements made by me on this application are true, correct and complete, to the best of my knowledge. I understand failure to answer truthfully any question on this application will result in disqualification from the program.**

**I hereby release the City of West Melbourne and the West Melbourne Police Department from any liability for access to my criminal history and motor vehicle records, including, but not limited to arrests, warrants, convictions and disposition of charges. I understand that these matters are confidential and I give my full release and agreement to the City of West Melbourne to use my information to determine my eligibility for membership in the West Melbourne Police Department volunteer program.**

I understand that all statements are subject to a complete background investigation, including a check of my training and experience statements. All information I give will be considered in reviewing my application.

My appointment may be contingent upon the results of a complete drug test. I may be required to take drug tests during the term of my appointment with the West Melbourne Police Department.

I authorize all persons and organizations referenced in this application to furnish the West Melbourne Police Department information, personal or otherwise, regarding my ability and fitness for appointment. I relieve all such parties, including the West Melbourne Police Department, from any and all liability for any damage that may result from furnishing such information to the West Melbourne Police Department.

If accepted for appointment, I agree to abide by and comply with all rules, regulations, and policies and procedures of the West Melbourne Police Department. I understand and agree that I am free to terminate my appointment at any time. I further understand and agree that my employer has the right to terminate my appointment with or without cause. I understand and acknowledge that all information I receive or that comes to my knowledge while working with the Police Department Volunteer Program will be treated as confidential and not discussed with anyone. A violation of this trust will result in termination from the Volunteer Program. I understand that no representative of the employer has any authority to enter into any agreement with me contrary to the rules, regulations, policies and procedures of the West Melbourne Police Department.

I SWEAR OR AFFIRM THE ABOVE INFORMATION AND CONTENTS OF THIS APPLICATION ARE TRUE AND CORRECT.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

SWORN TO AND SUBSCRIBED BEFORE ME, THE UNDERSIGNED AUTHORITY THIS

\_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_ BY \_\_\_\_\_, \_\_\_\_\_  
PRINTED NAME

WHO IS PERSONALLY KNOWN TO ME OR HAS PRODUCED THE FOLLOWING IDENTIFICATION: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF NOTARY  
Notary Public, State of Florida At Large

Notary Printed Name: \_\_\_\_\_ My Commission Number: \_\_\_\_\_