



## Wenatchee Police Volunteers in Police Service Application

### APPLICANT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Initial: \_\_\_\_\_

Mailing Address \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Driver's License number: \_\_\_\_\_ State: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Years Lived in Wenatchee Valley: \_\_\_\_\_

Occupation: \_\_\_\_\_ Years of Experience: \_\_\_\_\_

Work Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Education and Formal Training: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Have you ever been convicted of a felony or released from prison?** \_\_\_\_\_ Yes \_\_\_\_\_ No

(A conviction record will not necessarily bar you from serving. Factors such as the nature and gravity of the crime, the length of time that has passed since the conviction and/or completion of any sentence, and the nature of the position for which you have applied will be considered.)

#### **Volunteer/Community Experience:**

Organization and Duties: \_\_\_\_\_ Length of Service: \_\_\_\_\_

\_\_\_\_\_

Organization and Duties: \_\_\_\_\_ Length of Service: \_\_\_\_\_

\_\_\_\_\_

Organization and Duties: \_\_\_\_\_ Length of Service: \_\_\_\_\_

\_\_\_\_\_

Organization and Duties: \_\_\_\_\_ Length of Service: \_\_\_\_\_

\_\_\_\_\_

Organization and Duties: \_\_\_\_\_ Length of Service: \_\_\_\_\_

\_\_\_\_\_

Skills/Special Interests: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Experience related to Law Enforcement \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why are you seeking this appointment? \_\_\_\_\_  
\_\_\_\_\_

Would any conflict of interest be created as a result of your appointment? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Years known: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Years known: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Years known: \_\_\_\_\_

**AFFIDAVIT OF APPLICANT**

I, \_\_\_\_\_, do hereby certify that the information contained in the  
Foregoing application is true and correct to the best of my knowledge and belief. I also understand  
that this completed application may be made available for public inspection.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# Wenatchee Police Department

140 S. Mission • PO Box 519 • Wenatchee, WA • 98807 – 0519  
Business: 509 888-4200 • FAX: 509 888-4219 • www.wenatcheewa.gov

## WAIVER AND AUTHORIZATION TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I authorize you to furnish *Wenatchee Police Department*, a department of the City of Wenatchee, with any and all information that you have concerning me; my employment history; my reputation; the results of any required medical examination or psychological testing, analysis and recommendation; and my education, training or work experience in the United States Armed Forces.

Information of a confidential or privileged nature may be included. Your reply will be used to assist **Wenatchee Police Department** in determining my qualifications and fitness for the position I am seeking with this Department.

I understand my rights under *Title 5, United States Code, Section 522a, the Privacy Act of 1974*, and waive those rights with the understanding that information furnished will be used by **Wenatchee Police Department** in conjunction with employment procedures.

I hereby waive any claim of privilege or confidentiality, and release you, your organization, the employees, officers and agents thereof, and the City of Wenatchee, its employees, officials and agents, from any liability or damage, which may result from furnishing the information requested.

A photocopy reproduction of this request shall be, for all intents and purposes, as valid as the original. You may retain a photocopy of this form for your files.

**DO NOT** sign this form unless in the presence of a Notary Public.

\_\_\_\_\_  
Applicant Name (Print Clearly)

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

**SUBSCRIBED AND SWORN** before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
**Notary Public in and For the State of**

\_\_\_\_\_, residing at

\_\_\_\_\_  
My commission expires \_\_\_\_\_