



Redmond Police Department

Volunteer Application

Box 97010 Redmond, WA 98073-9710
 8701 160th Ave NE Redmond, WA 98052

The City of Redmond is an equal opportunity Employer

The City of Redmond provides reasonable accommodations to its employees & the public with disabilities, including disabled veterans.

An incomplete application may delay or disqualify you. Please use pen to complete this application.

Police Volunteer

Redmond Police Department

Position Applied For

Department

Contact Information			
Name (Last, First, MI)			
Street Address			
City/ St/ Zip Code			
Home Phone		Work Phone	
E-Mail Address			
Social Security Number		Are you over 18 years old?	

NOTICE: If you are currently under PERS, LEOFF or TRS, your retirement benefits may be interrupted if you are hired by Redmond. Contact State Department of retirement Systems with questions

Education				
High School Diploma or GED received? <input type="checkbox"/> YES <input type="checkbox"/> NO				
If no degree, please specify semester or quarter hours				
College/University/Vocational School	City, State	Major	Degree/Certificate	Credit Hrs
College/University/Vocation School	City, State	Major	Degree/Certificate	Credit Hrs
College/University/Vocation School	City, State	Major	Degree/Certificate	Credit Hrs

Availability							
Days and Times Available (Please be as specific as possible)							
TIME	MON	TUE	WED	THURS	FRI	SAT	SUN
MORNING							
AFTERNOON							
EVENING							

How did you hear about us:

PLEASE READ CAREFULLY

Resumes may be attached but will not be accepted as a substitute for completing this section. Beginning with your present or most recent employment, list your work experience for at least the last ten years, including periods of self employment, volunteer work & U.S. military service. Attach separate sheets if necessary

From (month & year)	Company Name		Title
To (month & year)	City	Type of Company	Phone
Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer <input type="checkbox"/>	Supervisor's Name/Title	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Duties			
Reason for Leaving:			



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To (month & year)	City	Type of Company	Phone
Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer <input type="checkbox"/>	Supervisor's Name/Title	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Duties			
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To (month & year)	City	Type of Company	Phone
Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer <input type="checkbox"/>	Supervisor's Name/Title	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Duties			
Reason for Leaving:			

Skills
Describe your skills, knowledge and abilities that qualify you for this position
Please List licenses, professional affiliations, and non-religious volunteer experience you have had

Agreement and Signature				
This Statement must not be altered. I understand that false information in any of my answers or statements will result in my application being eliminated from further consideration, or if employed, will be cause for dismissal. All statements submitted on this application for employment will be subject to investigation and verification prior to appointment				
Name (printed)		Signature		Date