



# CITY OF CLAREMONT

## COMMUNITY PATROL VOLUNTEER PROGRAM

### VOLUNTEER APPLICATION

Date \_\_\_\_\_

1. Name \_\_\_\_\_  
(Last) (First) (Middle)

2. Address \_\_\_\_\_  
(Number) (Street) (City) (Zip)

Phone (Home) \_\_\_\_\_ Phone (Other) \_\_\_\_\_

Email address \_\_\_\_\_

3. Date of Birth \_\_\_\_\_

4. Place of Birth \_\_\_\_\_

5. Social Security Number \_\_\_\_\_

6. A. Are you a U.S. Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_

B. Do you speak another language? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, what language? \_\_\_\_\_

7. Do you have a valid California Drivers License?  
Yes \_\_\_\_\_ No \_\_\_\_\_ Drivers License Number \_\_\_\_\_

8. Previous Occupation; position and type of work: \_\_\_\_\_

How Long? \_\_\_\_\_

Name and address of employer:

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

9. List three (3) personal references who have known you at least three years

A. Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Phone Number \_\_\_\_\_ Number of years acquainted \_\_\_\_\_

B. Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Phone Number \_\_\_\_\_ Number of years acquainted \_\_\_\_\_

C. Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Phone Number \_\_\_\_\_ Number of years acquainted \_\_\_\_\_

10. Are there any qualifications, skills, certifications, diplomas, etc. which you feel would especially fit you for your volunteer work with the patrol? \_\_\_\_\_

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11. Please add additional information about yourself, hobbies, community interests, clubs, etc. \_\_\_\_\_

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12. Has there been anything in your past which might disqualify you from functioning in a uniformed (authority figure) capacity? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, briefly describe \_\_\_\_\_

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I understand I must be registered as a Community Volunteer to participate in the program.

I hereby give my unconditional release for the obtaining of all police and/or other background information.

Date \_\_\_\_\_ Signed \_\_\_\_\_

**Information for I.D. Card**

Name \_\_\_\_\_

Sex \_\_\_\_\_

Weight \_\_\_\_\_

Height \_\_\_\_\_

Hair \_\_\_\_\_

Eyes \_\_\_\_\_

Date of Birth \_\_\_\_\_