



Stallion Springs Police Department Volunteer Program



27800 Stallion Springs Drive, Tehachapi California 93561
(661) 822-3268 Fax: (661) 822-1878 sspd@stallionspringscsd.com

Application

Community Volunteer <input type="checkbox"/>	Chaplin <input type="checkbox"/>	Date:
Peer Support <input type="checkbox"/>	Other <input type="checkbox"/>	
Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary <input type="checkbox"/>	Ethnicity:	
First Name:	Last Name:	
Address:	City, State, Zip Code :	
Home Phone:	Cell Phone:	
Email:		

GOALS through volunteering (contribute to the community, gain work experience, etc...)
VOLUNTEER EXPERIENCE (Summarize your volunteer history, if applicable)
SUMMARIZE YOUR WORK HISTORY
Current job title & employer:
Brief description of present duties:
Brief summary of employment history:
RELEVANT EDUCATION
If enrolled, school now attending: <input type="checkbox"/> THS <input type="checkbox"/> BC <input type="checkbox"/> CSUB <input type="checkbox"/> Other:
Major: List any degrees previously earned:

TIMES AVAILABLE		
<u>Number of hours per week:</u>	<u>Check Days available:</u> (Morning) <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> S (Afternoon) <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> S	<u>Availability:</u> (Please select all that apply) <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening

REFERENCES (Only one reference can be family)

1. Name:	Address:	Phone:	Relationship:
2. Name:	Address:	Phone:	Relationship:
3. Name:	Address:	Phone:	Relationship:

Do you have a disability? Yes No List accommodations needed _____

Are you bi-lingual? Yes No If "yes" what language:
Read Write Speak

TRANSPORTATION

If the position for which you are applying requires driving, please answer the following questions:

Do you have a valid CA driver's license? Yes No Do you have auto insurance? Yes No

CA Driver's License #: _____ Expiration date: _____

Have you been put on probation or has your driver's license been suspended or revoked within the last 5 years?
 Yes No If yes, please explain: _____

BACKGROUND CHECKS

If the position for which you are applying requires a background check, please answer the following questions:

1. Have you ever been convicted of a felony? Yes No
2. Have you ever been convicted of a misdemeanor? Yes No
If yes, please explain: _____

HOW DID YOU LEARN ABOUT THE PROGRAM?

Employee
 Volunteer Group
 Word of mouth
 Newspaper:
 Posted Bulletin
 School:
 SSCSD Webpage
 Other: _____

PLEASE MAIL/ OR DROP OFF COMPLETED APPLICATION TO:

**STALLION SPRINGS POLICE DEPARTMENT
VOLUNTEER DIVISION
27800 Stallion Springs Drive
Tehachapi, CA 93561**