

# CINCINNATI POLICE VOLUNTEER APPLICATION



All information is considered strictly confidential to the extent permitted by law, will be utilized by the Cincinnati Police Department **ONLY**, and will not be disclosed to any unauthorized person(s).

## INSTRUCTIONS

I understand I am morally and legally obligated to complete and submit this application in a truthful and informative manner. All questions must be answered. If a question does not apply to your particular circumstance, insert **DNA** (Does Not Apply) in the proper blank. Please be advised that **all information is subject to verification.** Do not evade questions. Any false statements, fraud or deception will result in disqualification from all Cincinnati Police Department volunteer programs.

Volunteer Program Applied for:  Citizen's On Patrol  Crime Stoppers Volunteer Call Taker  
 Other: \_\_\_\_\_

|   |                |                    |                                 |  |   |                                 |                         |
|---|----------------|--------------------|---------------------------------|--|---|---------------------------------|-------------------------|
| <b>Legal Name [First, Middle, Last]:</b>  |                |                    |                                 | <b>Date of Birth:</b>  |   | <b>Social Security Number:</b>  |                         |
| <b>By What Other Names Have You Been Known (Maiden, Adopted, Aliases, Nicknames, Etc.):</b> |                |                    |                                 |  | <b>Other Social Security Numbers Assigned to You:</b>   |                                 |                         |
| <b>Height:</b>  | <b>Weight:</b> | <b>Hair Color:</b> | <b>Eye Color:</b>               | <input type="checkbox"/> Male<br><input type="checkbox"/> Female | <b>Ethnicity:</b><br><small>(Can be used to report statistical data per court ordered consent decree)</small> |                                 |                         |
| <b>Place of Birth (City, Country or Parish):</b>  |                |                    | <b>Driver's License Number:</b> |  | <b>State Issued:</b>  | <b>Type:</b>                    | <b>Expiration Date:</b> |
| <b>Current Street Address:</b>  |                |                    |                                 | <b>City, State, &amp; Zip:</b>                                   |   | <b>Current Phone Number(s):</b> |                         |
| <b>Current Employer – Name and Address:</b>   |                |                    |                                 | <b>City, State, &amp; Zip:</b>                                   |   | <b>Employer Phone Number:</b>   |                         |
| <b>Email Address(es):</b>   |                |                    |                                 |  |   |                                 |                         |

I understand by completing and signing this application, I hereby authorize the Cincinnati Police Department to release any information regarding my traffic and/or criminal convictions contained in my police record. I hereby release the Cincinnati Police Department (the custodian of such records) and any other governmental agency, including their officers, employees or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information or any attempt to comply with it. The authorization is void if not exercised within one (1) year from the date of signing.

Failure to complete this application truthfully will result in my removal from all Cincinnati Police Department volunteer programs.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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## Personal References

Please provide the following information on **at least two (2) persons** (other than relatives, past or present employers) who know you well enough to give current or past information about you.

|  |                                |                     |                       |
|--|--------------------------------|---------------------|-----------------------|
| <b>Name:</b>                             | <b>Approximate Age:</b>        | <b>Years Known:</b> | <b>Email Address:</b> |
| <b>Mailing Address (Number, Street):</b> | <b>City, State, &amp; Zip:</b> |                     | <b>Phone Number:</b>  |

|  |                                |                     |                       |
|--|--------------------------------|---------------------|-----------------------|
| <b>Name:</b>                             | <b>Approximate Age:</b>        | <b>Years Known:</b> | <b>Email Address:</b> |
| <b>Mailing Address (Number, Street):</b> | <b>City, State, &amp; Zip:</b> |                     | <b>Phone Number:</b>  |

## Education

List each high school, trade school, college or university you have attended. If you have any additional certifications, coursework or training you would like us to consider with your application, please list it as well.

| Name of School and Areas of Concentration | School Address<br>(City, State, Zip & Phone Number) | Attendance Date<br>From – To | Diploma or Degree |    | Type of degree or # of Credit Hours Completed |
|---|---|------------------------------|-------------------|----|---|
|   |   |                              | Yes               | No |   |
|   |   |                              |                   |    |   |
|   |   |                              |                   |    |   |
|   |   |                              |                   |    |   |

Please list any employment history volunteer positions that are relevant to this volunteer opportunity.

| Position | Company Name, Address<br>(City, State, Zip, & Phone Number) | Description of Duties |
|----------|---|-----------------------|
|          |   |                       |
|          |   |                       |
|          |   |                       |

I certify that the above information is true to the best of my knowledge.

Signature

Date

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## Military History

**Check one:**

I have not been in the military.

If no military history, list selective service number (also specify selection service office location):

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I have been in the military. Attach a photocopy of your DD214.

**Branch: (check all that apply)**

Army             Active Army Reserves             Air Force             Air Force Reserves

Navy             Naval Reserves             Marines             Marine Reserves

Coast Guard    Coast Guard Reserves             National Guard: Specify State \_\_\_\_\_

|   |  |   |
|---|--|---|
| <b>Service Dates: From – To</b>   | <b>Total Length of Service:</b>  | <b>Military Serial No.:</b>                                   |
| <b>Highest or Present Reserve Rank:</b>   | <b>Rank at Discharge:</b>  | <b>Article 15</b><br>(#, list charges & penalties below):     |
| <b>Character of Discharge:</b><br><input type="checkbox"/> Honorable<br><input type="checkbox"/> Other than honorable | <b>Type of Discharge:</b><br><input type="checkbox"/> Honorable<br><input type="checkbox"/> Dishonorable<br><input type="checkbox"/> General |   |
| <b>Demotions</b><br>(#, list charges below):  | <b>Captain's Mast</b><br>(#, list charges and penalties below):  | <b>Court Martials</b><br>(#, list charges & penalties below): |

I certify that the above information is true to the best of my knowledge.

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Signature

Date

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## Drugs

Have you ever sold any illegal or prescription drugs, including marijuana? Yes No

Have you ever used any illegal drugs, including marijuana, or prescription drugs without a doctor's prescription? Yes No

Have you ever been terminated or requested to resign from employment due to alcohol and/or illegal substance abuse? Yes No

Describe the circumstances under which the drug and/or alcohol was used, possessed, or sold. Include the type, amount, and last time used (month/year):

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## Criminal History/Arrests

**An arrest record alone without conviction is not sufficient cause for elimination.** List and explain all citations, arrests, and/or convictions for criminal offenses (misdemeanors and/or felonies, including military) as an Adult:

| Date | City & State | Offense Charged | Disposition | Circumstances |
|------|--------------|-----------------|-------------|---------------|
|      |              |                 |             |               |
|      |              |                 |             |               |
|      |              |                 |             |               |
|      |              |                 |             |               |

List any traffic offenses which you have received a ticket for in the last **10** years:

| Date | City & State | Offense Charged | Disposition | Circumstances |
|------|--------------|-----------------|-------------|---------------|
|      |              |                 |             |               |
|      |              |                 |             |               |
|      |              |                 |             |               |

I certify that the above information is true to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

