

For Police Department Use Only
Received On:



**Concord Police Department
Cadet Application**

Name: _____ Date Of Birth: ____/____/____
Last First Middle

Address: _____
Number Street Apartment #

City: _____ State: _____ Zip: _____

Telephone: () _____ () _____ () _____
Home Work Cell

Email: _____

Other name(s) you are known by: _____

****To expedite this application please attach a copy of your birth certificate.***

Are any relatives employed by or volunteer for the City of Concord? [] Yes [] No
(If yes, please list below.)

Have you ever work for or volunteered for the City of Concord? [] Yes [] No
(If yes, please list below.)

Have you ever been convicted of any crime which resulted in imprisonment, probation, or the payment of a fine or forfeiture or bail of \$50 or more? [] Yes [] No *(A "yes" answer does not automatically disqualify you.)*

If your answer is "yes", please explain including where, when, and the nature of the crime.

(Note: You do not need to answer "yes" or explain: 1) any conviction for which the record has been judicially ordered sealed, expunged, or statutorily eradicated; 2) any misdemeanor conviction for which probation has been successfully completed or otherwise discharged and the case has been judicially dismissed pursuant to Penal Code section 1203.4; or 3) misdemeanor convictions for marijuana-related offenses that are more than two years old.)

Has your driver's license ever been suspended or revoked? (California license required for positions which require driving.)
 Yes No (If "yes", please explain.)

Driver's License Number: _____ Expiration Date: _____

Highest Grade Completed: 8 9 10 11 12 GED College: 1 2 3 4

High School: _____ City: _____

College: _____ City: _____

*** To expedite your application please attach the most recent copy of your grades.**

Employment Record: Begin with the present or most recent. List any work and/or volunteer experience. Attach additional sheets as necessary.

From: Month/Year	To: Month/Year	Total # months	Exact Title of Position:		
Employer Name:		Phone # ()	Your duties were:		
Street Address:					
City:		State:	Zip:		
Name and Title of Supervisor:					
Reason for Leaving:			Number Supervised:	Salary p/month Starting:	Salary p/month Final:

From: Month/Year	To: Month/Year	Total # months	Exact Title of Position:		
Employer Name:		Phone # ()	Your duties were:		
Street Address:					
City:		State:	Zip:		
Name and Title of Supervisor:					
Reason for Leaving:			Number Supervised:	Salary p/month Starting:	Salary p/month Final:

From: Month/Year	To: Month/Year	Total # months	Exact Title of Position:		
Employer Name:		Phone # ()	Your duties were:		
Street Address:					
City:		State:	Zip:		
Name and Title of Supervisor:					
Reason for Leaving:			Number Supervised:	Salary p/month Starting:	Salary p/month Final:

May we contact your present employer as to your character, qualifications, etc? Yes No

I hereby certify that all statements made herein or otherwise by me in applying for a volunteer position with the City of Concord are complete, true, and correct. I understand and agree that my misstatement or omission of material fact will result in my immediate rejection as an applicant for a volunteer position or my termination as a volunteer for the City of Concord.

Date: _____ Signature: _____

Official Use Only

Date of Application: _____

Date of Interview: _____

Background Completed On: _____ **By:** _____

Accepted: Yes No

Notified on: _____ **By:** _____

Application Supplemental

Please answer the following questions. Attach additional sheets if necessary.

Have you ever been dismissed from any employment or volunteer program? [] Yes [] No

If 'yes', please explain below. *Please note that a "yes" does not automatically disqualify you from participating in the Cadet program.*

How did you hear about the Concord Police Department Cadet program?

What is the role of the Concord Police Department in the community?

Why are you interested in the Concord Police Department Cadet program?

What are your goals/expectations in joining the Cadet program?

What qualities/skills will you bring to the Cadet program?

References:

Name:				
Title:		Organization:		
Address:				
City:			State:	Zip:
Day Phone:		Night Phone:		Other Phone:
Email:				
Relationship to you:			# Years Known:	

Name:				
Title:		Organization:		
Address:				
City:			State:	Zip:
Day Phone:		Night Phone:		Other Phone:
Email:				
Relationship to you:			# Years Known:	



CONCORD POLICE DEPARTMENT

VOLUNTEER SERVICE AGREEMENT

I, _____, wish to donate my services as a volunteer to the City of Concord for public service purposes. I desire to volunteer under such circumstances and during such times as may be mutually acceptable to the City of Concord and me.

I agree that it is my desire and intention to willingly perform volunteer services for the City of Concord without financial or material compensation of any kind.

I understand that depending on the volunteer assignment, I may be subject to a comprehensive background check and/or a fingerprint criminal record background check through the California Department of Justice. I also understand that the City of Concord may not accept my volunteer services as a result of the information obtained in the background check.

I agree to carry out my volunteer services professionally and to hold as absolutely confidential all privileged and/or sensitive information that I may obtain directly or indirectly while volunteering for the City of Concord. I understand that my volunteer services may be terminated at any time at the sole discretion of the City of Concord.

I understand and agree that in the event that I am injured while performing volunteer services for the City of Concord, I will not be covered under Workers' Compensation. I hereby release the City of Concord, its officers, employees, and agents, from any claims, lawsuits, or actions that I, my heirs, or legal representatives, may have for any personal injury, death and/or property damage I may incur or suffer as a result of, or in any way connected to, my volunteer services. I further agree to assume responsibility for and indemnify the City of Concord for any injury to any person, or damage to their property, caused by me while I am serving as a City of Concord volunteer.

I acknowledge that from time to time, I may be requested by the City of Concord to drive my own personal vehicle while acting as a volunteer. I acknowledge and understand that if I drive my own personal vehicle or a vehicle not provided by the City of Concord, I must provide proof of adequate insurance. I also understand and acknowledge that if I drive my own personal vehicle or a vehicle not owned by the City of Concord and am involved in a vehicular accident that occurs as a result of or is related to my volunteer duties with the City, my personal automobile insurance shall be considered primary insurance and the City's self-insured coverage shall be considered excess coverage in connection with any claims for damages.

I acknowledge that I have read and have had the opportunity to ask questions concerning this Volunteer Service Agreement and that I understand it.

PRINT NAME _____

SIGNATURE _____ DATE _____

SIGNATURE _____ DATE _____

Parent signature if under 18 years of age