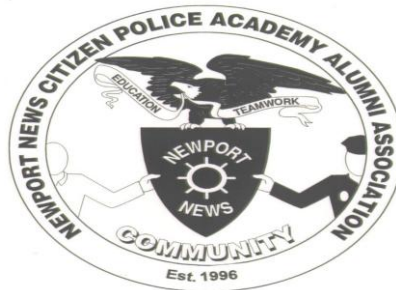
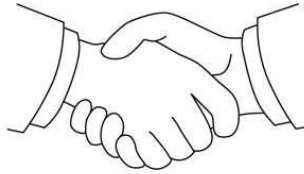


Newport News Police Department

Community & Education & Outreach Center

LEVEL 1 VOLUNTEER APPLICATION



COMMITTED TO OUR COMMUNITY

Newport News Police Department
Community Programs Division
9710 Jefferson Avenue
Newport News, VA 23605
(757) 928-4295

Level 1: Volunteer Application

Due to the sensitivity and classified nature of some of the materials you may come into contact with, it is essential for each Community Education & Outreach Center volunteer (Level 1) applicant complete this application truthfully and in its entirety. It is imperative to the security of our agency that each applicant be of good moral and legal standing.

This form must be typed or printed neatly in ink. All questions must be answered, if applicable. If not, indicate N/A (not applicable). Applications which are not filled out in their entirety or are not legible will not be considered. If the space provided is not sufficient for your answers, or you wish to furnish additional information, you may attach additional sheets of the same size of this form. The information you provide in this application will remain confidential.

Personal Data

Name: _____ Phone # _____
(First) (Middle) (Last)

Present Address: _____ City: _____

State: _____ Zip Code: _____

Race: _____ Sex: _____ Height: _____ Weight: _____ Hair: _____ Eyes: _____

Date of Birth: _____ Place of Birth: _____ Soc. Sec. #: _____

Operator's License #: _____ State: _____ Expiration Date _____

Legal History

NOTE: A conviction includes a guilty plea, payment of a traffic or other fine without court appearance, or a court conviction of a criminal or traffic offense.

Have you ever been convicted with any criminal act? YES NO

Have you ever been convicted of a crime involving domestic violence? YES NO

Have you ever been convicted of violating any traffic laws? (Example: speeding ticket, failure to stop for a stop sign, etc.) **For purposes of this questions DO NOT include parking tickets of driving while intoxicated.** YES NO

Have you ever been convicted of driving under the influence of drugs or alcohol (DUI), or of driving with intoxicated? YES NO

Have you ever illegally sold, given, or distributed any drugs or controlled substances? YES NO

Have you ever illegally possessed any drug or controlled substance that was not prescribed by a medical professional or given to you to hold while you were acting on behalf of, or employed to do so, by a law enforcement agency? YES NO

In the last ten years, have you ever been dismissed from a job due to misconduct? YES NO

If the answer to any of the above asked questions in YES please explain below in detail. Give date, place, charge, and final disposition in each case. Attached additional sheets if necessary.

Personal References

Please list the name, address and phone number of three personal references not related to you that have known you for at least four years.

Name: _____ Address: _____ Phone#: _____

Name: _____ Address: _____ Phone#: _____

Name: _____ Address: _____ Phone #: _____

Before signing this for, please ensure all the information you have disclosed to the Newport News Police Department is accurate and truthful. If you are unsure of any questions, please make sure you clarify it with a police department representative prior to signing this document. Any misrepresentation given by any applicant will be grounds for your immediate removal from the Newport News Police Department volunteer program. You must provide, without omission, whatsoever, any and all information requested.

Signature: _____ Date: _____

I, the above signed, certify that all the information given is true and accurate to the best of my knowledge.

Release of Information

Authorization

I understand that the Newport News Police Department will be performing a criminal background and driving history check on me with reference to my application for the Community Education & Outreach Center.

I hereby authorize the Newport News Police Department to have access to any and all driving record information and criminal information as it pertains to me. I understand that any such information is considered confidential by the Newport News Police Department and will not be released to me.

I further authorize the release of any information that is required to clarify my criminal background investigation, be it from any of the following:

- Personal references or person(s) having knowledge regarding my character or reputation
- Any past or present employer (to include the U.S. Armed Forces, Maritime Service, Veteran Administration, or U.S. Selective Service).
- Any judge, court, or magistrate
- Any state, local or federal
- Federal Law Enforcement Agency
- Any Attorney-at-law or other legal entity handling any criminal or traffic-related case related to me
- Any state, local, city or county agency

A photocopy of this release will be valid as an original signature thereof, even though the photocopy does not contain my original signature.

Applicant signature Date

Address: _____

Witness: _____ (Newport News Police Department Representative)