

Redmond Police Department

Volunteer Application

Box 97010 Redmond, WA 98073-9710 8701 160th Ave NE Redmond, WA 98052



The City of Redmond is an equal opportunity Employer

The City of Redmond provides reasonable accommodations to its employees & the public with disabilities, including disabled veterans.

Police Voluntee	er	Redmond Police Department							
Position Applied For Department									
Personal In	nformation								
Name (Last, First	, MI)								
Street Address			City/St/Zip						
Email Address									
Home Phone			Cell Phone	Work Ph		Phone			
Social Security No	umber		Date of Birth						
College/University/Vocational School College/University/Vocation School		City, State	Major Major	Deg Deg	ce, please specify or quarter hours Credit Hrs Credit Hrs				
Availability	1								
Days and Times A	vailable (Please b	e as specific a	s possible)		_				
TIME	MON	TUE	WED	THURS	FRI	SAT	SUN		
			1	1					
MORNING AFTERNOON EVENING									

PLEASE READ CAREFULLY

Resumes may be attached but will not be accepted as a substitute for completing this section. Beginning with your present or most recent employment, list your work experience for the **last ten years**, including periods of self employment, volunteer work & U.S. military service. Attach separate sheets if necessary

From (month & year)	Company Name	Company Name				
To (month &year)	City Type		ompany	Phone		
Full Time □ Part Time □ Volunteer □	Supervisor's Name/Title		May We Contact? □ Yes □ No			
Duties						
Reason for Leaving:						
From (month & year)	Company Name	Company Name				
To (month &year)	City	Type of Co	ompany	Phone		
Full Time □ Part Time □	Supervisor's Name/Title		May We Contact?			
Volunteer \square			□ Yes □ No			
Duties	·			<u> </u>		
Reason for Leaving:				_		
				min min		
From (month & year)	Company Name			Title		
To (month &year)	City Type o		ompany	Phone		
Full Time □ Part Time □	Supervisor's Name/Title		May We Contact?			
Volunteer □			□ Yes □ No			
Duties						
				_		
Reason for Leaving:						
Skills						
Describe your skills, knowledge an	d abilities that qualify you for this p	osition				
Please List licenses, professional at	ffiliations, and non-religious volunt	eer experience yo	ou have had	_		
Agreement and Sign	ature					
	tered. I understand that false infor ideration, or if selected, will be causation prior to appointment.					
Name (printed)	Signatur	re		Date		