

Baker City Police Department

1768 Auburn Avenue
Baker City, OR 97814

Business (541) 524-2014 / Dispatch (541) 523-3644
Fax (541) 524-2023

VOLUNTEER APPLICATION FORM

Date: _____

Application: Adm. _____ Parks: _____ Other: _____

Name: _____ **Home Phone #:** _____

Address: _____ **Work Phone #:** _____

City, State, Zip: _____

Mailing Address
(other than above): _____

Permanent Resident: _____ **or Seasonal Resident:** _____

Male: _____ **Female:** _____ **Date of Birth** _____

Marital Status: _____ **Spouse:** _____

Retired/Employed: _____ **Employer (Last if Retired):** _____

Employment Experience/Certificate/License/Equipment/Telephone/Computer Skills:

Foreign Languages: _____ **Speak:** _____ **Read:** _____ **Write:** _____

In case of emergencies, who should be contacted (list below):

References (other than family)

Name	Address	Phone #
_____	_____	_____
_____	_____	_____
_____	_____	_____

Background Information

Place of Birth: _____

Are you a United States Citizen: _____ Do you have or applied for a passport: _____

If naturalized please provide date/place/court/naturalization #:

Have you ever been convicted of a felony? _____

Have you ever been arrested or detained by any law enforcement officer for investigation purposes or to your knowledge have you ever been the subject of or a suspect in any criminal investigation? _____

Have you ever been fingerprinted for any reason (arrest, job application, military, etc)? _____
If yes to the questions above please provide details.

Have you or your spouse ever been a plaintiff or a defendant in a court action? (Include any liens, lawsuits, bankruptcy, domestic violence injunctions, etc) _____
If you answered yes, please give date, place or court, case number, names of involved parties, nature of action and final disposition.

Driving History- Answer if you will be operating a vehicle:

Are you a licensed Oregon automobile operator? If yes License #: _____

Do you hold or have you ever held an operator or chauffeur license in another state? _____

If yes, provide state(s), name used & approximate dates license(s) was held.

Have you received during the past 5 years a ticket or been charged with a traffic violation? _____

Have you ever been denied issuance of a license or have a license suspended or revoked? _____

Have you ever had automobile insurance refused, withdrawn, or revoked? _____

If yes please provide details why license was revoked or the disposition of the charge.

I hereby give my consent to have a background check completed by the Baker City Police Department and certify that the information furnished on this document is true & correct. I realize that this information provided is voluntary, but a failure to do so may result in the application being rejected. I agree to comply with all orders, rules & regulations of the Baker City Police Department.

Signed/Date: _____