

# Los Angeles Police Department

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## *Community Volunteer Application*



TOGETHER WE CAN MAKE A DIFFERENCE,  
BECOME AN LAPD COMMUNITY VOLUNTEER!

**Prepared by:**

**Community Outreach and Development Division**

**(213) 486-6000**

[www.laprf.org](http://www.laprf.org)  
[LAPDonline.org/volunteer](http://LAPDonline.org/volunteer)

# LOS ANGELES POLICE DEPARTMENT

## Community Volunteer Application

\* THIS FORM IS NOT TO BE USED FOR CADETS AND CPAB \*

### PERSONAL INFORMATION

Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Other Names Used: \_\_\_\_\_

Male  Female  Non-Binary Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Ethnicity:  Caucasian  African American  Hispanic  Asian  Other \_\_\_\_\_

Drivers License or I.D. #: \_\_\_\_\_ State Issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Social Security #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip-Code: \_\_\_\_\_

Home Phone #: (\_\_\_\_) \_\_\_\_\_ Work Phone #: (\_\_\_\_) \_\_\_\_\_ Cell Phone #: (\_\_\_\_) \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Have you ever worked for the Los Angeles Police Department in any capacity?  Yes  No

If "yes," where? \_\_\_\_\_ What were your duties? \_\_\_\_\_ Years of service: \_\_\_\_\_

Are you bi-lingual?  Yes  No If "yes," what language: \_\_\_\_\_  Read  Write  Speak

Special training, skills or major area of study: \_\_\_\_\_

Do you have any disability?  Yes  No If "yes," list accommodations needed: \_\_\_\_\_

How did you hear about the Volunteer Program? \_\_\_\_\_ Desired Area/division: \_\_\_\_\_

### EMERGENCY INFORMATION/CONTACT

Is there a medical condition that we should be aware of in case of Emergency?  Yes  No

If "Yes," explain: \_\_\_\_\_

In case of an emergency, person to contact: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

I declare under the penalty of perjury that all statements on this form and attachments are true and complete to the best of my knowledge. I understand that false, misleading or incomplete information shall be cause for disqualification. False statements made under penalty of perjury may also result in criminal prosecution.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Volunteer Coordinator

\_\_\_\_\_  
Area/division

\_\_\_\_\_  
Phone #

# LOS ANGELES POLICE DEPARTMENT

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### EMPLOYMENT INFORMATION

Name of Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
(City, Zip Code)

Supervisor: \_\_\_\_\_ Business Phone # : (\_\_\_\_\_) \_\_\_\_\_

Position: \_\_\_\_\_ How Long: \_\_\_\_\_

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### REFERENCES

**Only one reference can be a family member.**

#### Reference - 1

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
(City, Zip Code)

Phone #: (\_\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

#### Reference - 2

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
(City, Zip Code)

Phone #: (\_\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

#### Reference - 3

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
(City, Zip Code)

Phone #: (\_\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

#### Reference - 4

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
(City, Zip Code)

Phone #: (\_\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

# LOS ANGELES POLICE DEPARTMENT

## Community Volunteer Application

### ELIGIBILITY CHECKLIST

Submittal of this application begins the process of a criminal records investigation of your background. You are required to answer every question. A formal criminal background check will be conducted through the California Department of Justice as part of this application process.

**Failure to disclose information accurately and thoroughly is basis for disqualification.**

- Have you, as an adult, in any criminal, civil or military court of law ever: (a) been convicted of a crime; (b) been imprisoned or incarcerated following conviction of a crime; or (c) been placed on probation, or had a suspended sentence in connection with any misdemeanor or felony offense. Include any current investigations or pending charges. **If yes, provide the following information for each offense. Use a separate sheet if needed.**

Age (At time of action)	Date	Police Department or Court	Charge	Disposition

- Have you been convicted for use/possession or admitted to use/possession of any controlled substance (excluding marijuana) within the past 5 years?.....  Yes  No
- Do you have any convictions with elements of violence (assault, battery, mayhem, etc.) within the last 5 years?.....  Yes  No
- Do you have any convictions relating to the discharge of any weapon(s)?.....  Yes  No
- Do you have any convictions relating to the possession of any weapon(s)?.....  Yes  No
- Do you have any convictions of admissions of theft?.....  Yes  No
- Do you have any convictions or admissions for falsification of public records, including employment records?.....  Yes  No



# LOS ANGELES POLICE DEPARTMENT

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### CONVICTION CERTIFICATION

Have you ever been CONVICTED of a MISDEMEANOR or FELONY other than minor traffic violations and/or placed on probation, fined or given a suspended sentence in court? **Include any convictions by military charges for which you are awaiting trial.** List all cases other than minor traffic violations. (Driving under the influence, reckless or hit-and-run driving are not minor traffic violations.)

**PLEASE NOTE:** A full disclosure by you is to your advantage as your record does not constitute an automatic bar to volunteer. Factors such as, but not limited to, age at time of offense(s) and recency of offense(s), as well as the relationship between the offense(s) and the volunteer opportunity for which you apply will be taken into account.

**HOWEVER, FAILURE TO DISCLOSE CONVICTIONS WILL RESULT IN DISQUALIFICATION.**

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Volunteer Name (Please print full name)

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Volunteer Signature

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Date

# LOS ANGELES POLICE DEPARTMENT

## Community Volunteer Application

### HOLD HARMLESS AGREEMENT

The undersigned, not being a permanent employee of the Los Angeles Police Department, hereby agrees to hold and save the City of Los Angeles, the Los Angeles Police Department, their agents and employees, harmless from any liability arising out of the undersigned presence in any facilities, or involvement with any vehicles, equipment, suspects or actual detainees of the Los Angeles Police Department.

This agreement is binding upon all heirs and assigns, and the estate of the undersigned.

\_\_\_\_\_  
Volunteer Name (Please print full name)

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Volunteer Coordinator

\_\_\_\_\_  
Serial #

\_\_\_\_\_  
Date

# LOS ANGELES POLICE DEPARTMENT

## Community Volunteer Application

### USE OF THE CRIMINAL JUSTICE SYSTEM AGREEMENT

As a member of the Community Volunteer Program of the Los Angeles Police Department, you may have access to confidential criminal record information, which is controlled by statute. Misuse of such information may adversely affect the individual's civil rights and violates the law. Penal Code Sections 11105 and 13300 identify who has access to criminal history information and under what circumstances it may be released. Penal Code Sections 11140-11144 and 13301-13305 prescribe penalties for misuse of criminal history information. Government Code Section 6200 prescribes the felony penalties for misuse of public record and CLETS information. Penal Code Sections 11142 and 13303 state:

Section 11142 (Furnishing by any authorized person to unauthorized person as misdemeanor) "Any person authorized by law to receive a record of information obtained from a record who knowingly furnishes the record of information to a person not authorized by law to receive the record of information is guilty of a misdemeanor."

Section 13303 (unauthorized release of information by employee) "Any employee of the local criminal justice agency who knowingly furnishes a record or information obtained from a record to a person who is not authorized by law to receive the record or information is guilty of a misdemeanor."

No volunteer worker shall divulge confidential information, data, or records of the Los Angeles Police Department to any person to whom issuance of such data, information, or records has not been authorized. Violators will be prosecuted and may additionally be subject to civil legal action by the person who has had their right to privacy violated. Violations may also result in criminal legal action. Any community volunteer who is responsible for such misuse is subject to immediate dismissal.

I have read the above paragraphs and understand the requirements for confidentiality. I will not misuse criminal record information which I may have access to as a community volunteer for the Los Angeles Police Department.

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Volunteer Name (Please print full name)

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Volunteer Signature

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Date

# LOS ANGELES POLICE DEPARTMENT

## Community Volunteer Application

### AUTHORITY TO CONDUCT BACKGROUND INVESTIGATION

I hereby authorize any Los Angeles Police Officer, assigned Volunteer Coordinator, or other authorized representative of the Los Angeles Police Department possessing this release, or copy thereof (within one year of its date) to obtain any information pertaining to the completed, attached application to determine my qualifications for a community volunteer position with the Los Angeles Police Department. I authorize said representatives of the Los Angeles Police Department to utilize the information contained therein to conduct a background investigation appropriate to the level of scrutiny regarding the volunteer position for which I am applying. I also understand that tentative approval of my application lies with the Commanding Officer of the Area or division to which I am applying. I understand that the Commanding Officer has the right to require further investigation if he or she deems it necessary given the nature of my assigned duties.

### AUTHORITY TO RELEASE INFORMATION

I hereby direct you to release such information on request. This release is executed with full knowledge and understanding that the information is for the official use of the Los Angeles Police Department. Consent is granted for the Los Angeles Police Department to furnish any information to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of said records, inclusive of employees, officers, or related personnel both individually or collectively from any and all liability for damage of any kind to me, my family, my heirs, or associates because of compliance with this authorization, request to release information, or any attempt to comply with request for information. Should there be any questions as to the validity of this release, you may contact me as indicated below.

\_\_\_\_\_  
Volunteer Name (Please print full name)

\_\_\_\_\_  
Volunteer Address

\_\_\_\_\_  
(City, Zip Code)

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Volunteer Signature  
(Signature must be witnessed by LAPD Personnel)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witnessed By

\_\_\_\_\_  
Serial #

\_\_\_\_\_  
Date

**LOS ANGELES POLICE DEPARTMENT**  
**Community Volunteer Approval**  
(Internal)

**COMMUNITY VOLUNTEER BACKGROUND INVESTIGATION CHECKLIST**

Volunteer Name: \_\_\_\_\_

Assigned Area/division of Assignment: \_\_\_\_\_

**A. First Step:**

Interview potential volunteer.

If the volunteer is someone that your Area/division can use, please have the volunteer complete the following forms:

Community Volunteer Application.

Refer the volunteer to the designated Department facility for Livescan processing to obtain DOJ/FBI clearance.

**The Volunteer Coordinator or his or her designee check the following regarding the volunteer:**

MEU  
Check Conducted By: \_\_\_\_\_ Serial: \_\_\_\_\_ Date: \_\_\_\_\_

DMV  
Check Conducted By: \_\_\_\_\_ Serial: \_\_\_\_\_ Date: \_\_\_\_\_

CCHRS/NCIC  
Check Conducted By: \_\_\_\_\_ Serial: \_\_\_\_\_ Date: \_\_\_\_\_

LAPD RECORD (Crime/Incident Reports)  
Check Conducted By: \_\_\_\_\_ Serial: \_\_\_\_\_ Date: \_\_\_\_\_

LIVESCAN RESULTS       LIVE SCAN PRINT OUT ATTACHED  
Verified By: \_\_\_\_\_ Serial: \_\_\_\_\_ Date: \_\_\_\_\_

**B. Second Step:**

After you receive DOJ/FBI clearance, please complete and have your commanding officer sign the Community Volunteer Approval Application.

# LOS ANGELES POLICE DEPARTMENT

## Community Volunteer Approval

(Internal)

### C. Third Step:

- Provide the volunteer with copies of: Special Order No.14, *Policy on Sexual Harassment*, dated August 5, 1988; Memorandum No. 5, *Change in Department's Sexual Harassment Policy*, dated May 11, 1993; Special Order No. 11, *Smoking Policy*, dated August 2, 1996; Chief's Bulletin, *A Drug-Free Los Angeles Police Department*, dated February 21, 1992; and *Explanation of Volunteer Insurance Coverage*.

### Please have volunteer initial below to acknowledge receipt:

\_\_\_\_\_ I have received a copy of Special Order No. 14, *Policy on Sexual Harassment*, dated August 5, 1988. As a community volunteer with the Los Angeles Police Department, I agree to abide by this policy.

\_\_\_\_\_ Office of the Chief of Police, Memorandum No. 5, *Change in Department's Sexual Harassment Policy*, dated May 11, 1993. As a community volunteer with the Los Angeles Police Department, I agree to abide by this policy.

\_\_\_\_\_ I have received a copy of Special Order No. 11, *Smoking Policy*, dated August 2, 1996. As a community volunteer with the Los Angeles Police Department I agree to abide by this policy.

\_\_\_\_\_ I have received a copy of the Chief's Bulletin, *A Drug-Free Los Angeles Police Department*, dated February 21, 1992. As a community volunteer with the Los Angeles Police Department, I agree to abide by this policy.

\_\_\_\_\_ I have received a copy of the City of Los Angeles Explanation of Volunteer Insurance Coverage.

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### D. Fourth Step

- When a volunteer is no longer interested, please have the volunteer complete a Separation from Community Volunteer Service form.

**LOS ANGELES POLICE DEPARTMENT**  
**Community Volunteer Approval**  
**(Internal)**

**COMMUNITY VOLUNTEER APPROVAL**

Volunteer Name: \_\_\_\_\_ Volunteer Assignment: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Fingerprints Completed                       Background Check Reviewed and Cleared

Verified By: \_\_\_\_\_ Serial No.: \_\_\_\_\_

I have reviewed the applicant file and I hereby recommend this volunteer candidate for a community volunteer position at \_\_\_\_\_ Area/division.

Comments: \_\_\_\_\_  
\_\_\_\_\_

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**TENTATIVE APPROVAL**

\_\_\_\_\_  
Volunteer Coordinator (Please print)                      Serial #                      Commanding Officer (Please print)                      Serial #

\_\_\_\_\_  
Volunteer Coordinator Signature                      Date                      Commanding Officer Signature                      Date

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**FINAL APPROVAL BY COMMUNITY OUTREACH AND DEVELOPMENT DIVISION**

**APPROVED**                       **DISAPPROVED**

\_\_\_\_\_  
Commanding Officer (Please print)                      Serial #                      Commanding Officer Signature                      Date

Reason: \_\_\_\_\_  
\_\_\_\_\_

In the event that the final decision to approve or disapprove a volunteer requires further review by a higher authority, the personnel package should be referred by Intradepartmental Correspondence, Form 15.02.00, to the concerned Commanding Officer, Area/division, for appropriate action.

**REFER AUTHORIZATION FOR APPROVAL/DISAPPROVAL:**

\_\_\_\_\_  
Commanding Officer                      Area/division

# LOS ANGELES POLICE DEPARTMENT

## Community Volunteer Approval

(Internal)

### COMMUNITY VOLUNTEER AND DEPARTMENT AGREEMENT

Date: \_\_\_\_\_ Area/division: \_\_\_\_\_

Volunteer Name: \_\_\_\_\_ Volunteer Assignment: \_\_\_\_\_

#### RESPONSIBILITIES OF DEPARTMENT

1. Initial orientation and ongoing training and supervision of volunteer/intern.
2. Keep and maintain a personnel record of volunteer.
3. Provide future work references.

#### RESPONSIBILITIES OF VOLUNTEER

1. Fulfillment of time commitment as listed below.
2. Serve in capacity as described in the job description.
3. Report number of hours worked at the end of each month to the Volunteer Coordinator.

Starting Date: \_\_\_\_\_ Final Work Date: \_\_\_\_\_

I have read the job description as described in the Volunteer Approval Form, for the position I have selected, and certify that I am able to perform all necessary and essential functions and duties as outlined in the job description(s). As a volunteer, I agree to perform the tasks outlined in my job description. I will report to my assignment on time, when scheduled to work. If I am unable to report, I will call my supervisor. I agree to accept supervision; maintain confidentiality; observe the same rules and policies as paid staff; strive to help the City obtain its goals and objectives; and, if for any reason I become unable to perform the functions of my volunteer position, I should discontinue my assignment and give my supervisor adequate notice before separating from my volunteer work.

If after one month, this assignment is not what I wish to do, I can meet with my Volunteer Coordinator to consider alternative volunteer opportunities.

While the Los Angeles Police Department sincerely appreciates the contributions made by volunteers to the Department and their communities, it reserves the right to discontinue the services of the volunteer for any reason, at any time. I understand that volunteers do not have Civil Service protection. I further understand that I am not an employee of the City of Los Angeles; therefore, I am not entitled to any of the benefits and/or protections that employees of the City have. Furthermore, I understand that serving as a criminal justice volunteer is not a right, but a privilege. I understand that the Volunteer Coordinator may end the services of a volunteer at any time, for any reason.

I understand that all items issued to me: manuals, equipment, identification card, and other miscellaneous items are the sole property of the Los Angeles Police Department. If I am separated or resign from the Volunteer Program, I understand that I must immediately surrender all City property. Should I fail to comply, I may be subject to prosecution for unlawful possession of City-owned equipment (California Penal Code Section 484 – Theft).

The Department agrees to provide adequate workspace for me; provide ongoing supervision and training; and, other normal working conditions.

\_\_\_\_\_  
Volunteer Name (Please print full name)

\_\_\_\_\_  
Volunteer Coordinator Name

\_\_\_\_\_  
Serial #

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Volunteer Coordinator Signature

\_\_\_\_\_  
Date

**LOS ANGELES POLICE DEPARTMENT**  
**Separation from Community Volunteer Service**  
**(Internal)**

The volunteer services of \_\_\_\_\_ are hereby separated as of  
Volunteer Name

\_\_\_\_\_. Services have been separated because of \_\_\_\_\_  
Date

\_\_\_\_\_  
\_\_\_\_\_

The concerned Area/division \_\_\_\_\_ will  will not   
consider further service of said individual should openings or the need for service become  
applicable at a later date.

I, \_\_\_\_\_ understand that my services as a volunteer for the Los Angeles  
Volunteer Name  
Police Department are no longer required. I have been informed of the separation and the  
reasons regarding separation.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

**VOLUNTEER IDENTIFICATION CARD HAS BEEN APPROPRIATED**

\_\_\_\_\_  
Volunteer Coordinator Signature

\_\_\_\_\_  
Serial #

\_\_\_\_\_  
Date

\_\_\_\_\_  
Commanding Officer Signature

\_\_\_\_\_  
Serial #

\_\_\_\_\_  
Date