

Charlotte-Mecklenburg Police Department

Volunteer Resources Statement of Eligibility



I, (insert your name)

by my signature below, do certify that as of the date indicated below, I am able to meet the following eligibility standards for volunteering with the Charlotte - Mecklenburg Police Department.

THAT I:

(Please initial beside each statement as you read it)

1. **Am** at least eighteen (18) years of age.
2. **Am** willing to contribute a minimum of sixteen (16) hours per month as a volunteer.
3. **Have not** committed a felony crime, nor committed any misdemeanor involving the commission of an act contrary to the moral conscience of the general public.
4. **Have not** pled guilty to any felony or misdemeanor involving perjury or a false statement.
5. **Have not** received a dishonorable discharge from the Armed Services, if having served.
6. **Have not** used, tried or experimented with marijuana within the last twenty-four (24) months; and if having used marijuana in the past, such use did not exceed five (05) times within the past ten years immediately preceding the date of this application.
7. **Have not** sold, offered for sale, induced, or attempted to induce another person in the use of illegal drugs.
8. **Have not** committed any serious undetected crimes for which I have not been arrested.
9. **Have included an explanation for any undetected criminal activity for which I have not been arrested, if applicable.**
10. **Have not** falsified this application.

Applicant's Signature

Date

In order to be considered as a volunteer, I understand the following items will be required for the application process: Driver's License, DMV Check, Police Record Check, Drug screening to be completed within 48 hours, and a Confidentiality Statement, **I state that all the information I have given is correct to the best of my knowledge. I understand that my volunteer position may be terminated without my permission.**

HOUSEHOLD BACKGROUND

PLEASE LIST ALL PERSONS RESIDING IN YOUR HOUSEHOLD:
(FIRST, MIDDLE, LAST NAME; DOB; RELATIONSHIP)

EDUCATIONAL BACKGROUND

Graduated: School Name(s) City, State Year(s)

High School

Graduated School Name(s) City, State Year(s)

College

Degree: Associate BA/BS

MA/MS PhD

Major:

Graduate Studies: School Name(s) City, State Year(s)

Major:

Additional Studies: School Name(s) City, State Year(s)

VOLUNTEER HISTORY

PLEASE LIST ANY PRIOR VOLUNTEER EXPERIENCE BELOW:
AGENCY/GROUP/ORGANIZATION; YEARS

What is your primary reason for volunteering with us?

HEALTH HISTORY

The questions contained in this section are utilized solely for background investigation purposes, and will remain strictly confidential.

How frequently do you consume alcoholic beverages?	Daily Monthly Never	Weekly Special Occasions	
Which alcoholic beverages are used, and how many do you consume?			
Have you ever tried, used, or experimented with marijuana?	yes no	If yes, how many times, and what is the date of last use?	
Have you ever tried, used, or experimented with heroin?	yes no	Have you ever tried, used, or experimented with cocaine?	yes no
Have you ever tried, used, or experimented with any other illegal substance?	yes no	If yes, name of substance	
Have you ever tried, used, or experimented with any other controlled substance that was not prescribed by a physician?	yes no	Have you ever tried or used a prescription medication, prescribed for you, when it was not medically necessary?	yes no

MILITARY HISTORY

Have you ever served in the armed forces?	yes no	Enlisted from (month/year)
Branch and Rank		to (month/year)
Type of Discharge		

REFERENCES

List your most recent employer:

Business Name

Address

City / State / Zip Code

Contact Name and Phone

List two personal references who have known you for at least five (05) years. DO NOT INCLUDE RELATIVES.

Name

Address

City / State / Zip Code

Phone Number (home and
work)

E-mail Address

Relationship to Applicant

Name

Address

City / State / Zip Code

Phone Number (home and
work)

E-mail Address

Relationship to Applicant

CRIMINAL HISTORY

Have you ever (as an adult or juvenile) been arrested, detained, or questioned by police concerning a crime? no
yes, and I have attached a sheet explaining the incident(s), year, state in which incident occurred, and resulting adjudication.

Have your driving privileges ever been suspended, revoked, or cancelled? no
yes, and I have attached a sheet explaining the incident(s), year, state in which suspension occurred, and resulting adjudication.

Have you ever received (a) traffic citation(s) no
yes, and I have attached a sheet explaining the citation(s), year, state in which the citation was issued, and resulting adjudication.

Have you ever committed a serious crime for which you were not arrested? no
yes, and I have attached a sheet explaining the criminal activity, year, and the state in which the crime was committed.

I affirm that this application contains no false statements, misrepresentations, or omissions; nor did I intentionally conceal any material that would knowingly make me ineligible. I further understand that at any time during my background investigation, should any information be discovered in this application which is not factual, I will become ineligible for any volunteer position with the Charlotte-Mecklenburg Police Department.

APPLICANT'S SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY

Application Mailed: _____

Application Returned: _____

Background Completed: _____

Completed by: _____

Drug Procedures Mailed: _____

Must Test By: _____

Results Received: _____ Pass Fail

Polygraph Scheduled: _____

Results Received: _____ Pass Fail

Oral Interview: _____

VOLUNTEER INTEREST FORM

NAME

Please check the boxes which represent your current interests in the volunteer program.

Animal Care and Control*	Felony Investigations**
Bilingual Unit	Gift Shop
Chaplaincy Group*	Lake Patrol Unit*
Citizens on Patrol*	Media Committee
Community Events	MADD Court Monitor*
Computer Tech	Parking Enforcement Unit*
Crime Scene Unit*	Photography
Crime Prevention	Special Events
Data Entry	Records Unit
District Attorney Office**	Research
Division Offices	Youth Crimes/DV Unit

*Will require additional training

** Prior Law Enforcement Experience preferred

What other skills and/or experience do you possess that will benefit the Charlotte-Mecklenburg Police Department?

What do you expect to gain from volunteering with the Charlotte-Mecklenburg Police Department?

Volunteers are required to serve a minimum of 16 hours per month. What days and times are usually convenient for you?

If a position is available, do you have a specific Division or Unit location where you would like to volunteer?

**CHARLOTTE-MECKLENBURG POLICE DEPARTMENT
VOLUNTEER RESOURCES
EMERGENCY CONTACTS**

Volunteer Name:

Address:

Telephone

H:

W:

C:

Email:

EMERGENCY CONTACTS

Name

Address:

Telephone

H:

W:

C:

Email:

Relationship:

Name:

Address:

Telephone

H:

W:

C:

Email:

Relationship:

Name:

Address:

Telephone

H:

W:

C:

Email:

Relationship:

***Please complete, save, print and sign this application.
Send a scanned copy to CMPDvolunteer@cmpd.org
Mail the original copy to:
CMPD Volunteer Unit, 601 E Trade Street, Charlotte, 28202.***