

# 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 \***

Community Volunteer       Intern       CPAB       Chaplain

### 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: \_\_\_\_\_ E-Mail: \_\_\_\_\_

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

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

Date of Birth: \_\_\_\_\_ 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 #

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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: \_\_\_\_\_

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**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.**

1. 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

2. 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
3. Do you have any convictions with elements of violence (assault, battery, mayhem, etc.) within the last 5 years?.....  Yes  No
4. Do you have any convictions relating to the discharge of any weapon(s)?.....  Yes  No
5. Do you have any convictions relating to the possession of any weapon(s)?.....  Yes  No
6. Do you have any convictions of admissions of theft?.....  Yes  No
7. Do you have any convictions or admissions for falsification of public records, including employment records?.....  Yes  No



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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

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### 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

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### 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



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### 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, as well as a check and review of Department maintained databases, which may contain protected health information. 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