

Weatherford Police Department Volunteer Application Personal History Statement

CONFIDENTIAL



Name:_____

Applicant phone:_____

Applicant email:_____



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READ THESE INSTRUCTIONS CAREFULLY BEFORE STARTING

These instructions are provided as a guide to assist you in properly completing your Personal History Statement. It is essential that the information be accurate in all respects. It will be used as the basis for a background investigation that will determine your eligibility as a volunteer.

The Personal History Statement should be printed legibly in **INK, or form filled electronically**. Answer all questions to the best of your ability. If a question is not applicable to you, enter N/A in the space provided.

Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is correct and in proper sequence before you begin.

If there is insufficient space on the form for you to include all required information, attach an extra sheet to the Personal History Statement. Be sure to reference the relevant section and question number before continuing your answer.

An accurate and complete form will help expedite your investigation.

Deliberate omissions or falsifications may result in disqualification.

Return the Personal History Statement and all related paperwork to the Weatherford Public Safety Building located at 614 Fort Worth Hwy Weatherford, TX 76086.



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BACKGROUND WAIVER

A background investigation may be conducted into your personal history. This questionnaire will be used by those who will be considering you for selection as a volunteer. Where written explanations are required on this form, it is MANDATORY that the information be listed ACCURATELY and COMPLETELY. If the questionnaire is not completed properly, your application will not be considered.

Furthermore, I understand that I will not receive, and I am not entitled to, a copy of the background report or to know its contents, and that the contents will be used in the evaluation process for consideration as a volunteer. I also understand that no document submitted by me will be returned and no copies of any other reports or documents utilized for or during my application process for selection will be furnished or given to me.

I FULLY AND COMPLETELY UNDERSTAND THAT I WILL NOT BE ADVISED OF THE REASONS FOR NON-SELECTION.

Applicant Signature

Printed Name

Date



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A. APPLICANT IDENTIFICATION – The information provided in this section is for identification and notification.

NAME: _____
Last First Middle

ADDRESS: _____
Street City State Zip

HOME or CELL PHONE NUMBER: () _____

OTHER NUMBERS WHERE YOU CAN BE REACHED: () _____

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

ARE YOU A U.S. CITIZEN? _____ YES _____ NO

DRIVER'S LICENSE/ID NUMBER _____ STATE _____

TYPE _____

NICKNAME(S), MAIDEN NAME, OR ANY OTHER NAMES BY WHICH YOU HAVE BEEN KNOWN:



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B. ARRESTS, DETENTION, AND LITIGATION

Have you ever been arrested or summoned to court?

☐ Yes ☐ No

OFFENSE CHARGED

POLICE
AGENCY
CITY/STATE

DATE

DISPOSITION

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



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C. TRAFFIC RECORD

List ALL traffic citations you have received in the last 3 years, excluding parking tickets. **DO NOT EXCLUDE CITATIONS IN WHICH YOU HAVE TAKEN DEFENSIVE DRIVING.**

MONTH & YEAR	CHARGE	CITY & STATE	DISPOSITION
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

List any traffic accidents in which you have been involved as the driver, during the last 3 years. Include dates and locations, city and state, and describe what happened.



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*****Admitted drug and/or alcohol use will not necessarily disqualify you from the application process, but omission or falsification will disqualify you*****

D. DRUG/ ALCOHOL USE

Use the reverse side if more space is needed to explain YES answers. Method pertains to how the substance was used (i.e. ingestion, injection).

Mark a check next to the answer boxes and substances used.

1. Have you ever tried or used an illegal narcotic, prescription drug, or dangerous drug, either in pill form or by injection, or any other manner of ingestion or inhalation, that was not prescribed specifically to you? YES ☐ NO ☐

If "Yes", explain...

2. Have you ever used, been given, or sold prescription drugs, marijuana, or illegal narcotics or dangerous drugs? YES ☐ NO ☐

Marijuana _____ Date First Used: _____ Date Last Used: _____ Method: _____

Cocaine _____ Date First Used: _____ Date Last Used: _____ Method: _____

Meth _____ Date First Used: _____ Date Last Used: _____ Method: _____

Heroin _____ Date First Used: _____ Date Last Used: _____ Method: _____

3. Have you ever committed any illegal activity while under the influence of alcohol or an illegal drug? YES ☐ NO ☐

If "Yes" then explain...



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E. Personal Website and Bios

Please list every personal website, profile/bio page that you currently use or have ever used in the past. (for example, TWITTER, PINTEREST, FACEBOOK, ETC.) Please list the domain and screen/user name.

Domain: _____

Screen/User name: _____

Domain: _____

Screen/User name: _____

Domain: _____

Screen/User name: _____

Domain: _____

Screen/User name: _____

Domain: _____

Screen/User name: _____

Domain: _____

Screen/User name: _____

Domain: _____

Screen/User name: _____



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F. REFERENCES – List two persons who know you well enough to provide current information about you. DO NOT list relatives.

Name_____ Home Phone (____)_____

Address_____ City_____ State_____ Zip_____

Business Name_____ Phone (____)_____

Business Address_____ City_____ State_____ Zip_____

Hours of Work_____ Years Known_____

Name_____ Home Phone (____)_____

Address_____ City_____ State_____ Zip_____

Business Name_____ Phone (____)_____

Business Address_____ City_____ State_____ Zip_____

Hours of Work_____ Years Known_____

[illegible]



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T-shirt size: ☐ S ☐ M ☐ L ☐ XL ☐ XXL

Please ensure the following are attached to this packet.

1. Copy of State ID or State DL (if applicable)

For any questions regarding this packet, please contact Tina Maxwell at 817-598-4325 or tmaxwell@weatherfordtx.gov.



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OPTIONAL HEALTH HISTORY INFORMATION

This information is optional but will assist the Academy in ensuring the safety of all involved.

The information in this packet is accurate to the best of my knowledge

(Applicant's signature)

(Applicant's name)

This line should **ONLY** be completed if the applicant refused to complete the health history information form:

Refused to provide information

(Applicant's Signature)

Are you allergic to any medications? ☐ If yes, list and explain: _____

Do you have any illness or condition that may prevent you from taking part in Academy Activities?

☐ If yes explain: _____

Are you taking any medications on a regular basis? _____

If yes, please list the medication and dosage: _____

Do you have any hearing impairments? ☐ If yes, please explain: _____

Have you ever been diagnosed with a mental or nervous disorder? ☐ If yes, explain: _____



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HEALTH HISTORY INFORMATION

Do you have, or have you ever had the following:

- ☐ Asthma
- ☐ Diabetes
- ☐ Fainting Spells
- ☐ Heart Trouble
- ☐ Convulsions
- ☐ Bleeding Disorders
- ☐ Any conditions that may require special care, medication, or diet

If yes to any of the above explain:

Any restriction of activity for medical reasons?
