

**VICTIM SERVICES  
WACO POLICE DEPARTMENT**

**VOLUNTEER CRISIS TEAM UNIT**

Please read the following conditions that apply to Waco Police Department's Victim Services Crisis Team Volunteer applicants and sign at the end.

**1. BASIC QUALIFICATIONS**

Must be a U.S. citizen over the age of 18; possess a valid Texas Driver's License; must be of excellent health; have a High School diploma or G.E.D.; have no felony convictions; have a good driving record; and have no history of psychological or emotional disorders that would likely interfere with your ability to perform the duties of this position.

**2. SELECTION PROCESS**

- a. Completed applications and reference letters must be turned in no later than **5 p.m. Wednesday, September 1st, 2010** to the Waco Police Department Victim Services Unit.
- b. A background investigation will be conducted consisting of a criminal history check, driving record check, and reference checks.
- c. An applicant may be required to take a polygraph. This will only occur if issues become present during the selection process that cannot be adequately resolved through the background investigation.
- d. The applicants ranked as the most suited for the position will be selected.
- e. Selected applicants must successfully complete a 4-5 week academy consisting of approximately 35 classroom hours. Strict attendance is enforced. Applicants must also complete 20 hours of patrol ride observation and at least two supervised Crisis Team shifts. Further, the applicants must perform successfully in a role-play examination.

**3. VOLUNTEER COMMITMENT**

Those individuals who are selected to be a member of the Waco Police Department Volunteer Crisis Team Unit are obligated to:

- a. Volunteer for a minimum of 1 year.
- b. Volunteer at least two shifts per month.
- c. Attend a bi-monthly in-service.
- d. Attend and participate in a yearly evaluation/review.

**4. AGREEMENT TO CONDITIONS**

I have read and understand the above conditions and agree to them. I also understand that completion of all requirements (class hours, patrol rides, etc.) does not automatically certify me as a Crisis Team volunteer, and that I am responsible for making up any part of training missed through emergency absences.

Certification requires attendance at all training sessions, successful performance in the role-play examination and signing the volunteer contract, confidentiality agreement, and signing the Code of Ethics.

**APPLICANT SIGNATURE**\_\_\_\_\_ **DATE**\_\_\_\_\_

**WACO POLICE DEPARTMENT  
VICTIM SERVICES SECTION**

**VOLUNTEER CRISIS TEAM APPLICATION**

NAME \_\_\_\_\_ MAIDEN \_\_\_\_\_

ANY OTHER NAME YOU MAY HAVE USED \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ HOME PHONE \_\_\_\_\_

WORK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ DRIVERS LICENSE # \_\_\_\_\_

May we contact you at home? \_\_\_\_\_ and/or at work? \_\_\_\_\_

**EDUCATIONAL BACKGROUND:**

HIGH SCHOOL / COLLEGE / UNIVERSITY

# OF YEARS ATTENDED --- GRADUATION DATE --- MAJOR --- DEGREE

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**CURRENT EMPLOYER/TITLE:** \_\_\_\_\_

DUTIES \_\_\_\_\_

HOW LONG EMPLOYED \_\_\_\_\_ WORK SCHEDULE \_\_\_\_\_

FULL TIME or PART TIME? \_\_\_\_\_

**PREVIOUS RELATED WORK EXPERIENCE:**

EMPLOYER	POSITION	DATES EMPLOYED
----------	----------	----------------

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**PREVIOUS RELATED VOLUNTEER EXPERIENCE INCLUDING OTHER POLICE PROGRAMS**

**(Citizens Police Academy, C.O.P.S., etc.):**

AGENCY	DUTIES	HOURS/MONTH	DATES
--------	--------	-------------	-------

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**REFERENCES:** PLEASE LIST TWO PEOPLE TO WHOM YOU ARE **NOT RELATED**, WHO CAN ADDRESS YOUR SKILL (IN COUNSELING OR CRISIS INTERVENTION, IF POSSIBLE). ALSO, ATTACH 2 REFERENCE LETTERS FROM EITHER THESE INDIVIDUALS OR OTHERS.

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

BUSINESS/TITLE \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

BUSINESS/TITLE \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

**DRIVING RECORD**

1. Have you ever held or do you presently hold a drivers license in another state? Yes No  
State \_\_\_\_\_ Date it Expired \_\_\_\_\_

If currently holding a license in another state, are you willing to get a Texas Drivers License? Yes No

2. Has your license ever been suspended or revoked? Yes No  
If so, explain \_\_\_\_\_

3. List all citations received and accidents investigated by police. (List past 4 years).

DATE	LOCATION	AGENCY	CHARGE	DISPOSITION
------	----------	--------	--------	-------------

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

**ALCOHOL / DRUGS**

Have you ever been treated for alcohol or drug addiction (Yes will not automatically disqualify you)?  
Yes No If yes, please explain.

\_\_\_\_\_

Have you ever used, sold, experimented with, provided, or in any way been involved with any illegal drugs (Yes will not automatically disqualify you)? Yes No If yes, please explain.

\_\_\_\_\_

**HAVE YOU EVER BEEN ARRESTED?** Yes No

If yes, please explain. \_\_\_\_\_

Are you currently on probation or parole? \_\_\_\_\_

**DO YOU HAVE A CRIMINAL RECORD (CLASS A, CLASS B MISD. OR FELONY CONVICTION) ?**

Yes No

If yes, please explain. \_\_\_\_\_



\_\_\_ SPECIAL POPULATIONS \_\_\_\_\_  
\_\_\_ SUICIDE \_\_\_\_\_  
\_\_\_ ROBBERY \_\_\_\_\_  
\_\_\_ OTHER \_\_\_\_\_  
\_\_\_ OTHER LANGUAGES (SPANISH, SIGN, ETC.)? \_\_\_\_\_

**FORMAL TRAINING/EXPERIENCE IN CRISIS INTERVENTIONS (DESCRIBE WITH DATES AND CERTIFICATES AND DIPLOMAS).---NOTHING IS REQUIRED.**

STANDARD COURSE WORK FOR DEGREE

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

COURSES/TRAINING IN CRISIS INTERVENTION

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

CONTINUING EDUCATION COURSES

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

EXPERIENCE (DESCRIBE SITUATIONS)

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

PROFESSIONAL AFFILIATIONS/COMMUNITY PARTICIPATION:

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

**I ATTEST THAT THE INFORMATION PROVIDED BY THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT FALSIFICATION OF ANY PART OF THIS APPLICATION IS GROUNDS FOR ELIMINATION FROM THIS PROGRAM.**

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

