

WACO POLICE DEPARTMENT

Victim Services Unit

Volunteer Crisis Team Application

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; must be of good 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 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. The applicants ranked as the most suited for the position will be selected.
- d. Selected applicants must successfully complete a **3-week academy** consisting of approximately 30 classroom hours. **Strict attendance is enforced.**

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 one shift per week or 4 shifts a month (this is subject to change at any time depending on the number of volunteers).**
- c. **Attend a quarterly in-service meeting.**

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, signing the volunteer contract, confidentiality agreement, and the Code of Ethics.

APPLICANT SIGNATURE _____ **DATE** _____

WACO POLICE DEPARTMENT

VICTIM SERVICES UNIT

VOLUNTEER CRISIS TEAM APPLICATION

LAST: _____ FIRST: _____ MI: _____ SUFFIX: _____

ANY OTHER NAME YOU MAY HAVE USED: MAIDEN: _____ NICKNAME: _____

DATE OF BIRTH: _____ RACE: _____ SEX: _____

WORK PHONE _____ CELL PHONE _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

SOCIAL SECURITY # _____ DRIVERS LICENSE # _____

EMAIL ADDRESS: _____

Do you speak, read, or write languages other than English? Yes _____ No _____

If yes, what languages? _____ How well? Good ___ Fair ___ Excellent ___

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? _____

HAVE YOU APPLIED OR EVER BEEN EMPLOYED BY THE CITY OF WACO? Yes _____ No _____

IF YES PLEASE LIST BELOW:

<u>POSITION</u>	<u>DEPARTMENT</u>	<u>DATE (From/To)</u>	<u>REASON FOR LEAVING</u>
_____	_____	_____	_____
_____	_____	_____	_____

PREVIOUS RELATED WORK EXPERIENCE:

<u>EMPLOYER</u>	<u>POSITION</u>	<u>DATES EMPLOYED</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

**PREVIOUS RELATED VOLUNTEER EXPERIENCE INCLUDING OTHER POLICE PROGRAMS
(Citizens Police Academy, C.O.P.S., etc.)**

<u>AGENCY</u>	<u>DUTIES</u>	<u>HOURS/MONTH</u>	<u>DATES</u>
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 _____

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)**

<u>DATE</u>	<u>LOCATION</u>	<u>AGENCY</u>	<u>CHARGE</u>	<u>DISPOSITION</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

HOW DID YOU HEAR ABOUT THE CRISIS TEAM?

WHICH DAYS AND / OR HOURS OF THE WEEK ARE YOU NOT ABLE TO VOLUNTEER?

WOULD YOU BE WILLING TO WORK DURING THE WEEKDAY: Yes____ No____

If yes, what times? _____

IN WHICH OF THE FOLLOWING AREAS DO YOU HAVE SPECIAL TRAINING, CAREER EXPERIENCE, AND/OR PERSONAL EXPERIENCE? PLEASE EXPLAIN.

Please note that experience and training is not necessary.

- ___ FAMILY VIOLENCE _____
- ___ FAMILY/MARRIAGE COUNSELING _____
- ___ ADOLESCENTS _____
- ___ CHILD ABUSE _____
- ___ DEATH AND DYING _____
- ___ HOMICIDE _____
- ___ ACTIVELY PSYCHOTIC PERSONS _____
- ___ SEXUAL ASSAULT _____
- ___ ATTEMPTED SUICIDE _____
- ___ MENTALLY/PHYSICALLY HANDICAPPED _____
- ___ ALCOHOL/SUBSTANCE ABUSE _____
- ___ CRIMINAL JUSTICE SYSTEM _____
- ___ COMMUNITY POLICE ACADEMY _____
- ___ WACO REFERRAL RESOURCES _____
- ___ 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 _____

