Richmond Police Department
Volunteer Application

Personal Information

Title: _____ Last Name: _____ First Name: _____

Middle Name: _____ Suffix: _____

Address: _____
Street   City   State   Zip

Home Phone: _____ Business Phone: _____

Cell Phone: _____ Pager: _____

Email Address: _____

Date of Birth: _____ Social Security Number: _____

Gender: _____ Race: _____

Skills

Please list any specific skills, current or previous work experience, education or training that you believe may be beneficial to the Police Department:

_____
_____
_____
_____
_____

Please indicate your proficiency in the following computer applications:

Software Program	Beginner	Advanced	Intermediate	Expert	None
Microsoft Word	☐	☐	☐	☐	☐
Microsoft Excel	☐	☐	☐	☐	☐
Microsoft PowerPoint	☐	☐	☐	☐	☐
Microsoft Access	☐	☐	☐	☐	☐
Microsoft Publisher	☐	☐	☐	☐	☐
Microsoft Front Page	☐	☐	☐	☐	☐

Please list other software programs that you are familiar with:

_____
_____

Are you able to speak/read/write a foreign language including Braille and Sign Language? ☐ no ☐ yes
If yes, which one(s): _____

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Areas of Interest

Please check all areas you would be interested in volunteering in or assisting the Richmond Police Department:

- ☐ Reception/Greeter/Answering Phones (All Units)
- ☐ Administration (filing, shredding, data input, mailings)
- ☐ Police Athletic League (Community Youth and Intervention Unit)
- ☐ Mentoring (MIRROR ME, PAL, GRIP*, School Resource, Youth & Family Crimes)
- ☐ Neighborhood/Business Watch and Assistance (Community Care, CAPS)
- ☐ Community Events (All Units)
- ☐ Neighborhood Assistance Officers (Community Care)*
- ☐ Translating Services
- ☐ Dress as McGruff
- ☐ RPD Community Information Booth
- ☐ Seasonal/Holiday events for Personnel (Thanksgiving & December holidays)
- ☐ Special Programs and Events (All Units)
- ☐ Other: _____

*Special training is provided.

Please check all areas that apply to you:

- ☐ I really would like to work inside with the Police Department
- ☐ I really would like to work outside with the Police Department
- ☐ I really would like to assist the Department with Children
- ☐ I really would like to assist the Department with the Elderly
- ☐ I really would like to assist the Department with Customer Service
- ☐ I really would like to assist the Department with Community Events
- ☐ Other: _____

Hours of Availability

Please indicate the days and times you are available:

	Day	From:	To:
☐	Monday		
☐	Tuesday		
☐	Wednesday		
☐	Thursday		
☐	Friday		
☐	Saturday		
☐	Sunday		

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In addition to completing the Richmond Police Volunteer Application, a **Criminal History Record Request** must be completed and submitted to determine your eligibility to volunteer.

In signing below, I give consent to the Richmond Police Department to complete a **Criminal History Records Request** on my behalf.

_____   _____
Applicant's Signature   **Date**

Please complete and forward completed form to
Community Care Unit
200 W. Grace Street
Richmond, VA 23220
RPDCares@richmondgov.com
804.646.4069 (phone) or 804.646.4299 (fax)