



Volunteer/Intern Application

Volunteer Services

705 S. Nevada Avenue

Colorado Springs, CO 80903

All volunteers must be at least 18 years or older to submit an application

First Name: _____ Middle: _____ Last: _____ MR MRS MS MISS
(Last Name as printed on official identification)

Nickname(s): _____ Maiden Name: _____ Married Name(s): _____

Street Address: _____ Apt./Lot: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

E-mail Address: _____ Mobile Phone: _____

Current Employer _____ Former Military Yes No

Employer's Address: _____ Apt./Lot: _____ City: _____ State: _____ Zip: _____

If you are interested in a particular volunteer position, indicate it here: _____

Describe your duties on your current or most recent job:

Describe previous work experience:

List special skills, training, medical training, foreign languages, or computer skills you possess:

What interests and hobbies do you enjoy?

Please list any previous or present volunteer experiences:



www.SpringsCAPS.org
Please attach a current resume if you have one.
COMPLETE THE OTHER SIDE





List community affiliations (clubs, organizations, church):

Are you actively seeking employment? Yes No
If yes, how will this affect your volunteer work with CAPS?

Internship Yes No

Upon a mutually agreeable assignment in CAPS, would you agree to six months, or one year of service?

When are you available for volunteer work?

Number of hours per week: _____ Days Available: Sun Mon Tues Wed Thurs Fri Sat

Preferred time of day: _____

How did you hear about CAPS? _____

List two references (do not include relatives).

Name _____ Address _____

City _____ State _____ Zip _____ Phone _____

Name _____ Address _____

City _____ State _____ Zip _____ Phone _____

In case of emergency, whom should we contact?

Name _____ Relationship _____ Address _____

City _____ State _____ Zip _____ Home Phone _____ Work Phone _____

It is a normal part of CAPS procedure to perform checks (record and reference) on the suitability of new personnel due to the nature and sensitivity of the work. This standard is equally applicable to volunteers in that voluntary staff is treated with the same seriousness and consideration given professionals. Also, the successful completion of a polygraph examination is a qualification to work in certain units or program.

If accepted, I agree to adhere to the policies and procedures of CAPS and the City of Colorado Springs which include the confidentiality of information.

Applicant's Signature _____ **Date** _____

Thank you for your application. CAPS will contact you directly for additional personal information necessary to complete this process.

Colorado Springs Police Department

Employee / Volunteer In-Processing Form

Employee and volunteer applicants must complete the information in Section "A" below (please print legibly). For employees please interoffice the completed form to CSPD Human Resources Section at Mail Code 1565. For volunteers please interoffice the completed form to the Volunteer office at Mail Code 1565.

SECTION A – Employee/Volunteer Information				SECTION B – Action Requested			
Full Name				<input type="checkbox"/> EIC Update	<input type="checkbox"/> ID Card Issuance		
Nicknames or Maiden Name				<input type="checkbox"/> Network Access	<input type="checkbox"/> IBM Issuance- #: _____		
Home Address				<input type="checkbox"/> POC Parking	<input type="checkbox"/> Access Card #: _____		
City, State, ZIP				SECTION C – Requestor Information			
Mailing Address				Name			
City, State Zip				Division/Unit			
Home Phone		Cell Phone		IBM			
Email Address				Phone Number			
Date of Birth				SECTION D – Records Section Use Only			
Place of Birth				Wants & Warrants Check			
Soc Sec Number				CCIC/NCIC	<input type="checkbox"/> YES <input type="checkbox"/> NO	Local	<input type="checkbox"/> YES <input type="checkbox"/> NO
Drivers License Number		State		Records Check			
Sex		Race		Reason For Records Check	<input type="checkbox"/> Criminal <input type="checkbox"/> Pre-Employment		
Height		Weight		CJIS Criminal Record	<input type="checkbox"/> YES <input type="checkbox"/> NO	CJIS Traffic Record	<input type="checkbox"/> YES <input type="checkbox"/> NO
Eye Color		Hair Color		NCIC/CCIC Criminal History	<input type="checkbox"/> YES <input type="checkbox"/> NO	CO Traffic Record	<input type="checkbox"/> YES <input type="checkbox"/> NO
Rank/Title/ Position				Terminal Operator Name	IBM		
Unit/Division Assignment				Fingerprinted for OSN?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date	
Classification	<input type="checkbox"/> Sworn <input type="checkbox"/> Civilian <input type="checkbox"/> Recruit <input type="checkbox"/> Volunteer(Unit): _____			Fingerprinted By			
				Polygraph Examination	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date	
				IMPORTANT NOTICE			
				This form is intended for the in-processing of CSPD employees and volunteers and is not intended for use by outside contractors and vendors.			

SECTION E – Notes & Observations

INTERNAL USE ONLY			
Processed By		System Entry	<input type="checkbox"/> PeopleSoft <input type="checkbox"/> EIC <input type="checkbox"/> CJIS
Process Date			<input type="checkbox"/> WebID <input type="checkbox"/> Other: _____
Issued By	Approved By	Date	

