

City of Miami Police Department Community Relations Section  
400 N.W. 2<sup>nd</sup> Avenue  
Miami, Florida 33128

**P.A.L. / C.O.P. / C.P.A. / Civilian Volunteer Application**

**NOTES:** (1) Complete all applicable areas in blue or black ink Shaded areas enclosed by bold lines are for official use only  
(2) False statements may cause rejection of the application  
(3) Application must be completed and signed on the back page or it will be rejected.

<b>P.A.L.</b>
<b>C.O.P./C.P.A.</b>
<b>Civilian Volunteer</b>

**IDENTIFICATION**

<b>Social Security No.:</b>		<b>Volunteer Position Applied For:</b>	
<b>First Name:</b>	<b>Middle Int.:</b>	<b>Last Name:</b>	<b>Former Surname (If Applicable)</b>
<b>Address (Street Number and Name):</b>		<b>City:</b>	<b>State:</b> <b>Zip Code:</b>
<b>Home Phone:</b>	<b>Business Phone:</b>	<b>Emergency Phone:</b>	<b>Emergency Name/Contact:</b>
<b>Cell Phone:</b>	<b>E-Mail Address:</b>		

**PERSONAL DATA**

Race: \_\_\_\_\_ M/F \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Are you a citizen of the U.S.A.?     YES     NO

<b>Date of Birth:</b>	<b>Drivers License Number:</b>	<b>Year of Expiration:</b>	<b>State:</b>	<b>Type of License:</b>
/ /				
<b>MM / DD / YYYY</b>				

Are you presently employed by the City of Miami.?     YES     NO      Have you ever worked for the City of Miami.?     YES     NO

If yes, please state:

Last date of employment: \_\_\_\_\_      Last department employed: \_\_\_\_\_

Do you have any relative(s), either by blood or marriage who are/is employed by the City of Miami.?     YES     NO

Relatives include: father, mother, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, husband, wife, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, half brother or half sister.

Name:	Relation to you:	Department Employed:

**LAW ENFORCEMENT/PUBLIC RECORDS**

Florida Statute 119.07 provides certain exemptions from public inspection of records for active and former law enforcement personnel; correctional and correctional probation officers; certified firefighters; Justices of Supreme Court, district court of appeal judges and county court judges; current or former state attorneys, assistant state attorneys, statewide prosecutors or assistant statewide prosecutors; code inspectors and code enforcement officers. Do you, your spouse or parent(s) fall into one of the aforementioned categories?     YES     NO

**ARREST / CONVICTIONS**

Have you ever been convicted of a crime?     YES     NO      Have you ever been arrested?     YES     NO

NATURE OF OFFENSE(S)	NAME & LOCATION OF COURT	DATE OF ARREST/CONVICTION(S)

## EDUCATION

High School:	Location:	Year Graduated:	Type of Diploma
Foreign degrees must be accompanied by transcript evaluations performed by accredited American colleges or university, or NACES approved credential evaluation services.			
College / University:	Location:	Attended FROM / TO /	Credits Earned or Diploma Obtained
College / University:	Location:	Attended FROM / TO /	Credits Earned or Diploma Obtained
Other Recognized Educational Facility:	Location:	Attended FROM / TO /	Credits Earned or Diploma Obtained
Other Recognized Educational Facility:	Location:	Attended FROM / TO /	Credits Earned or Diploma Obtained
Other Recognized Educational Facility:	Location:	Attended FROM / TO /	Credits Earned or Diploma Obtained

## LANGUAGE SKILLS

Please indicate the level of any foreign language skills you possess (B) Beginner (I) Intermediate or (A) Advanced

Language	Read	Write	Speak	Understand	Language	Read	Write	Speak	Understand

## REFERENCE

Name	Occupation	Address	Telephone No.	Yrs. Known

## EMERGENCY INFORMATION

(In case of emergency contact)

Name:	Relationship:	Home Phone:	Work Phone:
Name:	Relationship:	Home Phone:	Work Phone:

## MISCELLANEOUS

Have you ever been a law enforcement Officer?	Yes	No	If yes, explain:
Membership in Neighborhood Civic Group?	Yes	No	If yes, explain:
Why are you interested in this program?			

## EMPLOYMENT HISTORY

Please list your work experience starting with your present or most recent employer, in as much detail as possible. If you have held various positions with the same employer, make a separate entry for each position held so that your application may be accurately evaluated. Please account for any periods of non-employment greater than 3 months. Resumes may not be substituted for application forms.

**NOTE:** Previous employers may be contacted to verify information provided.

Employer (Name of Firm or Agency):	Dates Employed			
	To			
Mailing Address of Employer:	Phone Number:	Starting Salary:	Ending Salary:	
Job Code/Title:	Hrs. Per Week:	No. Persons Supervised:	Reason for Leaving:	
Supervisor's Name/Title and Contact Number:			Full Time: <input type="checkbox"/>	Part Time: <input type="checkbox"/>
Duties and Responsibilities:				

## EMPLOYMENT HISTORY (Continued)

<b>Employer (Name of Firm or Agency):</b>				<b>Dates Employed</b>			
					<b>To</b>		
<b>Mailing Address of Employer:</b>		<b>Phone Number:</b>		<b>Starting Salary:</b>		<b>Ending Salary:</b>	
<b>Job Code/Title:</b>		<b>Hrs. Per Week:</b>	<b>No. Persons Supervised:</b>	<b>Reason for Leaving:</b>			
<b>Supervisor's Name/Title and Contact Number:</b>				<b>Full Time:</b> <input type="checkbox"/>		<b>Part Time:</b> <input type="checkbox"/>	
<b>Duties and Responsibilities:</b>							
<b>Employer (Name of Firm or Agency):</b>				<b>Dates Employed</b>			
					<b>To</b>		
<b>Mailing Address of Employer:</b>		<b>Phone Number:</b>		<b>Starting Salary:</b>		<b>Ending Salary:</b>	
<b>Job Code/Title:</b>		<b>Hrs. Per Week:</b>	<b>No. Persons Supervised:</b>	<b>Reason for Leaving:</b>			
<b>Supervisor's Name/Title and Contact Number:</b>				<b>Full Time:</b> <input type="checkbox"/>		<b>Part Time:</b> <input type="checkbox"/>	
<b>Duties and Responsibilities:</b>							
<b>Employer (Name of Firm or Agency):</b>				<b>Dates Employed</b>			
					<b>To</b>		
<b>Mailing Address of Employer:</b>		<b>Phone Number:</b>		<b>Starting Salary:</b>		<b>Ending Salary:</b>	
<b>Job Code/Title:</b>		<b>Hrs. Per Week:</b>	<b>No. Persons Supervised:</b>	<b>Reason for Leaving:</b>			
<b>Supervisor's Name/Title and Contact Number:</b>				<b>Full Time:</b> <input type="checkbox"/>		<b>Part Time:</b> <input type="checkbox"/>	
<b>Duties and Responsibilities:</b>							

**THIS BOX FOR CIVILIAN VOLUNTEER APPLICANTS ONLY**

(AVAILABILITY) Place a check in the box

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>Morning</b>						
<b>Afternoon</b>						
<b>Evening</b>						

**Short Term** \_\_\_\_\_ **Long Term** \_\_\_\_\_ **Special Projects** \_\_\_\_\_

Are there any medical or physical conditions to be taken into consideration in arranging volunteer assignments for you? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Explain:

Indicate your interest to volunteer

Typing or Word Processing	Answering Telephones
Filing / Clerical Work	Photography
Other	

**CERTIFICATE OF APPLICATION (PLEASE READ CAREFULLY BEFORE SIGNING)**

I hereby certify that all the statements made in this application are true and correct. I understand that I must demonstrate that I meet the minimum requirements of the appointment, and further understand that any exaggerated or false statement(s) or omission of requested information may be cause for my application to be rejected. By signing this application, I agree to authorize the use of any information in this application to verify my statements, and I authorize all past employers, past educators and references to release any and all information concerning my previous employment and educational records.

By signing this document I authorize verification of my background and conviction record, and I understand that in order for the City of Miami to comply with the Immigration Reform and Control Act of 1986, any volunteer position offered to me is conditional upon my ability to establish identity and eligibility under such Act.

\_\_\_\_\_  
Print Name of Applicant

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**THIS BOX REQUIRED ONLY IF APPLICANT IS A MINOR (UNDER 18 YEARS OF AGE)**

Name of parent/legal guardian: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cellular: \_\_\_\_\_

Driver License: \_\_\_\_\_ State: \_\_\_\_\_ Social Security No: \_\_\_\_\_

Relationship to child/juvenile: \_\_\_\_\_

Signature of parent/legal guardian: \_\_\_\_\_

**FOR DEPARTMENT USE ONLY**

Records Check Reviewed by:		Approved / Denied
Program Facilitator/C.P.S.		Approved / Denied
Supervisor:		Approved / Denied
Deputy Commander:		Approved / Denied
Section Commander:		Approved / Denied