



City of Coos Bay  
at your service

# VOLUNTEER APPLICATION

Check the departments you are interested in working::

- Police Dept. Reserve
- Police Office Aid
- Police Dept. Disabled Parking Enforcement
- Fire Dept.     Finance     Library     City Manager's Office
- Public Works Office     Public Works Parks

## Application Information

Name \_\_\_\_\_

Last

First

Middle

Address (include mailing address if different) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Home \_\_\_\_\_ Message \_\_\_\_\_ Cell \_\_\_\_\_

Best time to call: At work \_\_\_\_\_ At home \_\_\_\_\_

Driver's license number/state \_\_\_\_\_ Type of license \_\_\_\_\_

**Background Information:** Police and Fire Departments require a completed supplemental application to be submitted with this application form.

Have you ever been convicted, pled guilty or no contest, or forfeited bond or bail for any crime other than traffic violations?  
Yes [ ] No [ ] If yes, please explain (Conviction does not necessarily disqualify you from a volunteer position).

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

**Education, Training and/or Special Skills:** \_\_\_\_\_

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

**Current Employer:** \_\_\_\_\_

**Relevant Work Experience:**

## Certification of Information/Release

I certify that all statements made in this application or appended to it are true and correct to the best of my knowledge. I am aware that withholding pertinent information or including information found to be grossly inaccurate will be cause for refusing further consideration of my application. I understand this is an application only and not an indication of probable selection as a volunteer. I hereby authorize a complete investigation of my background, including criminal history, wildlife violations and driving record by the Coos Bay Police Department or another police agency authorized to conduct their application investigations.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## CITY OF COOS BAY

### VOLUNTEER APPLICATION

500 Central Avenue, Coos Bay, Oregon 97420  
(541) 269-8912

To Whom It May Concern

I respectfully request and authorize you to furnish the City of Coos Bay with any and all information that you may have concerning me, my employment, volunteer, and educational records.

I hereby release you, your organization and others from any liability or damage which may result from furnishing the information requested.

Date of Birth \_\_\_\_\_ [for purpose of background check only]

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date