

# VOLUNTEERS IN POLICE SERVICES APPLICATION

NAME: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_  
(LAST, FIRST MIDDLE)

ADDRESS: \_\_\_\_\_  
(HOUSE#) (STREET) (CITY) (STATE) (ZIP)

HOME PHONE#: \_\_\_\_\_ BUSINESS OR CELL#: \_\_\_\_\_

DRIVER'S LICENSE #: \_\_\_\_\_  
(NUMBER) (STATE) (EXPIRATION)

CURRENT OCCUPATION: \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY?  YES  NO  
IF YES, PLEASE EXPLAIN THE CIRCUMSTANCES:

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DO YOU HAVE ANY SPECIAL SKILLS OR TRAINING?:  YES  NO  
IF YES, PLEASE EXPLAIN:

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**CERTIFICATE OF APPLICANT: I Hereby Certify That All Statements Made On Or In Connection With This Application Are True. I Understand And Agree That Any Misstatements Or Omissions Of Material Facts May Cause My Application To Be Rejected. By Signing This Application, I Authorize The City Of Ripon To Complete My Background Check Required By The State Of California For Access To Confidential Information.**

DATED: \_\_\_\_\_ APPLICANT SIGNATURE: \_\_\_\_\_