



Richmond Police Department Volunteers In Police Services

Personal Information

Title: _____ Last Name: _____ First Name: _____

Address: _____
Street City State Zip

Home Phone: _____ Business Phone: _____

Cell Phone: _____ Pager: _____

Email Address: _____

Date of Birth: _____ Social Security Number: _____

Which Citizens' Academy did you attend? _____

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microsoft Excel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microsoft PowerPoint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microsoft Access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microsoft Publisher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microsoft Front Page	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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): _____



Richmond Police Department Volunteers In Police Services

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:

- | | | |
|------------------------------------|-------------|-----------|
| <input type="checkbox"/> Monday | From: _____ | To: _____ |
| <input type="checkbox"/> Tuesday | From: _____ | To: _____ |
| <input type="checkbox"/> Wednesday | From: _____ | To: _____ |
| <input type="checkbox"/> Thursday | From: _____ | To: _____ |
| <input type="checkbox"/> Friday | From: _____ | To: _____ |
| <input type="checkbox"/> Saturday | From: _____ | To: _____ |
| <input type="checkbox"/> Sunday | From: _____ | To: _____ |



Please complete and forward completed form to
 GiTonya L. Parker
 200 W. Grace Street
 Richmond, VA 23220

GiTonya.Parker@richmondgov.com

804.646.7648 (business phone) or 804.646.4299 (fax)