



CAPE CORAL POLICE DEPARTMENT

POLICE VOLUNTEER UNIT (PVU)

APPLICATION INSTRUCTIONS



You must be 18 years of age or older and possess a valid Florida driver's license for your application to be considered.

1. Complete this application and sign in the presence of a Notary. A Notary will be available at the time of your interview if you are unable to have this document notarized prior to its submission.
2. Complete the *Personal Information* sheet (CCPD Form # #F-28).
3. Complete the *Civilian Background Waiver* (CCPD Form #FO-63).
4. Attach a photocopy of your current Florida driver's license.
5. Attach a signed *Physician Authorization Form* (page 5) authorizing participation in the PVU.
6. Return the completed application, *Personal Information* form, *Civilian Background Waiver*, copy of your driver's license, and signed *Physician Authorization Form* to the Cape Coral Police Department Information Desk or PVU office.

We will review your application and contact you for a personal interview prior to the scheduling of the next PVU Academy.

***Thank you for your interest in becoming a member of the
Cape Coral Police Volunteer Unit.***



CAPE CORAL POLICE DEPARTMENT
POLICE VOLUNTEER UNIT (PVU) APPLICATION



Please indicate which area(s) you would be interested in volunteering:

- Administrative Fingerprinting Patrol / Parking Enforcement
 Office work Information Desk Marine Unit*

*Applicants interested in volunteering with the Marine Unit must be comfortable in and around the water, able to swim, and able to tread water. If you have checked the Marine Unit box above, please initial here that you have read, understand, and are able to perform these tasks: _____

Personal Information

Name: _____ (Last) _____ (First) _____ (Middle)
Address: _____
City: _____ State: _____ Zip: _____
Mailing Address (if different than above): _____
City: _____ State: _____ Zip: _____
Telephone #: _____ (Home) _____ (Work) _____ (Cell)
Email: _____
Date of Birth: _____ SSN: _____
DL #: _____ State: _____ Exp. Date: _____

Emergency Contact Information

Name: _____ (Last) _____ (First) Relationship: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone #: _____

References

Please list three (3) references, other than relatives, who have known you for at least one (1) year.

Name: _____
 (Last) (First)

Address: _____

City: _____ State: _____ Zip: _____

Telephone #: _____

Name: _____
 (Last) (First)

Address: _____

City: _____ State: _____ Zip: _____

Telephone #: _____

Name: _____
 (Last) (First)

Address: _____

City: _____ State: _____ Zip: _____

Telephone #: _____

Education

Circle the last year completed.

Grade: 8 9 10 11 12 **College:** 13 14 15 16 **Graduate:** 17 18 19 20

Special Schools or Training: _____

Special Skills

- | | | |
|---|---|---|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Legislation | <input type="checkbox"/> Writing |
| <input type="checkbox"/> Clerical | <input type="checkbox"/> Public Relations | <input type="checkbox"/> Counseling |
| <input type="checkbox"/> Legal | <input type="checkbox"/> Research | <input type="checkbox"/> Law Enforcement Experience |
| <input type="checkbox"/> Foreign language. If so, please specify: _____ | | |
| <input type="checkbox"/> Medical training. If so, please specify: _____ | | |
| <input type="checkbox"/> Computer. If so, please specify: _____ | | |

Employment

Current Employer: _____	Previous Employer: _____
Address: _____	Address: _____
Telephone: _____	Telephone: _____

Social & Criminal History

Please complete all questions fully and accurately. Note: In order to be considered you must be able to, truthfully, answer "yes" to questions 1-2 and "no" to questions 3-8.

1. Are you at least 18 years of age? Yes No
2. Do you possess a High School Diploma or GED? Yes No
3. Has your driver's license been suspended within the past 3 years? Yes No
4. Have you received 3 or more moving violations in the past 3 years? Yes No
5. Have you ever been convicted of a felony crime? Yes No
6. Have you ever been convicted of a misdemeanor involved moral turpitude, false statements, perjury, or domestic violence? Yes No
7. Have you used, possessed, or cultivated any illegal controlled substance within the last 5 years? If so, when: _____ Yes No
8. Are you a current recipient of an injunction for protection and/or a restraining order in any state?
If yes, explain: _____ Yes No

*Criminal History note: Because you are applying to a law enforcement agency, you must include information about any arrest, conviction or other criminal activity, even if the records are sealed or expunged (Section 943.17(7) F.S. Rule 11B-27.0022). If you answer "yes" to any of the following, you **must** attach a full explanation before your application will be considered.*

1. Have you ever been arrested or charged with a felony and/or misdemeanor? Yes No
2. Have you ever been convicted of a felony and/or misdemeanor? Yes No
3. Have you ever taken anything from an employer without proper permission? Yes No
4. Have you ever been involved in the illegal sale of drugs? Yes No
5. Are you now or have you ever been the member of a gang or any association that engaged in criminal activity? Yes No
6. Do you have regular or continuous associations or dealings with anyone under criminal investigation or indictment, or who is involved in criminal behavior? Yes No

To protect the City of Cape Coral, its employees, the public, and to apply with applicable federal and state employment laws, the City will conduct employment background checks and/or investigations on candidates selected for a position.

This policy extends to any and all persons performing work for the City of Cape Coral, paid or unpaid. As such, successful completion of a background check is a requirement prior to holding a volunteer position within the PVU.

By signing this application, you are certifying that all statements are true, complete, and correct. You are authorizing the City of Cape Coral to investigate your background to assess your qualifications for this position. Further, you are authorizing past employers and educational institutions to disclose any information requested by us. Falsification, misrepresentation, or omission of information may result in disqualification from appointment or termination.

Signature

Date

Sworn to and subscribed before me this _____ day of _____, 20____.

Police Officer & Badge #

Notary



CAPE CORAL POLICE DEPARTMENT PHYSICIAN AUTHORIZATION FORM



This form must be completed, by your physician, prior to applying to participate with the Cape Coral Police Department's Police Volunteer Unit (PVU).

Name: _____

Date of Birth: _____

Physician Name: _____

Telephone: _____

Physician Address: _____

Administrative Volunteers

Volunteers acting in an administrative role must:

- Not be under the influence of any medication which may affect their judgment or reflexes

Patrol and Marine Volunteers

Volunteers acting in a patrol and/or marine capacity must:

- Not be under the influence of any medication which may affect their judgment or reflexes
- Be able to lift up to 15 pounds and carry that weight least 20 yards
- Be able to walk, unassisted, for at least 1/4 mile
- Be able to stand, up to an hour, outside, in SW Florida weather

This authorization certifies that _____ is physically capable of performing the duties required of an Administrative / Patrol / Marine (circle all that apply) volunteer.
(Volunteer Applicant)

Physician's Signature

Date



Cape Coral Police Department



PERSONAL INFORMATION

(PRINT ALL INFORMATION)

Full Name: _____
Last First Middle

Aliases (to include name changes, maiden name)

Citizenship: _____

Social Security Number: _____

Driver's License # _____ Expiration: _____

Sex: _____ Height: _____ Weight: _____ Eyes: _____ Hair: _____

Place of Birth: _____ Date of Birth: _____

Current Address: _____

Current Phone Number: _____ Cell Number: _____

Email Address: _____

Social Network Sites: (Check all that apply)

Facebook: _____

Twitter: _____

Instagram: _____

Other: _____

Emergency Contact Information: Name, Relationship, Contact #

Signature: _____ Date: _____

Position Applied For: _____

Personal History Questionnaire (PHQ) Due Date: _____



**AUTHORITY FOR RELEASE OF INFORMATION
NON-SWORN / CONTRACTOR APPLICANT
(Background Investigation Waiver)**



To: Concerned Person or Authorized Representative of Any Organization, Institution or Repository of Records

APPLICANT'S NAME: _____

DATE OF BIRTH: _____

LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: _____

AGENCY REQUESTING BACKGROUND INFORMATION: Cape Coral Police Department

ADDRESS: 1100 Cultural Park Boulevard, Cape Coral, Florida 33990

I hereby authorize for one year, from the date of execution hereof, any authorized representative of the Cape Coral Police Department bearing this release to obtain any information pertaining to my employment, credit history, education, residence, academic achievement, personal information, work performance, background investigations, polygraph examinations, any and all internal affairs investigations or disciplinary records, including any files that are deemed to be confidential and/or sealed.

I also authorize release of any criminal justice records of arrests, citations, detentions, probation and parole records, or any police reports or other police records in which I may be named for any reason, including any files that are deemed to be juvenile and confidential. I hereby direct you to release this information upon the request of the bearer, whether in person or by correspondence. I further authorize the bearer to make copies of these records.

This release is executed with the full knowledge and understanding that these records and information are for the official use of the Cape Coral Police Department in fulfilling official responsibilities, which may include sharing the records or information with other criminal justice agencies, the State of Florida, and/or third parties as may be required by Florida public records laws. I hereby release you, as the custodian of such records, and employer, educational institution, physician, hospital or other repository of medical records, credit bureau, or consumer reporting agency, including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. A copy of this form will be as effective as the original.

I hereby authorize the National Records Center, St. Louis, Missouri, or other custodian of my military record to release information or copies from my military personnel and related medical records, including a copy of my DD 214, Report of Separation, or other official documents from the United States Military denoting discharge status or current active military status to: The Cape Coral Police Department.

Section 768.095, F.S., titled Employer Immunity from Liability; disclosure of information regarding former or current employees states: An employer who discloses information about a former or current employee to a prospective employer of the former or current employee upon request of the prospective employer or of the former or current employee, is immune from civil liability for such disclosure of its consequences, unless it is shown by clear and convincing evidence that the information disclosed by the former or current employer was knowingly false or violated any civil right of the former or current employee protected under chapter 760, Florida Statutes.

Applicant's Signature

Date

Applicant's Address

AFFIDAVIT

STATE OF: _____

COUNTY OF _____

Before me personally appeared, _____ who says that he/she executed the above instrument of his/her own free will and accord, with full knowledge of the purpose therefore.

Sworn and subscribed in my presence this day of _____, 20_____. My Commission expires on _____, 20_____.

Personally Known _____ - or - Produced Identification _____

Notary Republic

Type of Identification Produced: _____