

To submit this Application, print this application out then fill it out and and return to: Cañon City Police Department 161 Justice Center Road, Cañon City, CO 81212.

Victim's Advocate Application

CAÑON CITY POLICE DEPARTMENT

Application for Volunteer Advocate Program

PLEASE READ THIS FORM COMPLETELY PRIOR TO FILLING IT OUT

This form must be completely filled out and submitted to the Cañon City Police Department. Failure to answer any questions will result in disqualification of your application. Just click in the area that the Application is in then go to file then print. Use the print selection that says "Only the selected Frame", then click ok.

Whenever extra space is necessary, use additional sheets of paper to complete your answers (indicate the number of the question to which you are referring on those extra sheets.) Any falsification on this form will result in disqualification of your eligibility, or if already appointed, may serve as a basis for discharge. Any and all information on this form may be verified by a police background investigation.

1. Full Name: _____
(Last, First, Middle)

2. Place of Birth: _____ D.O.B. _____

(City, County, State)

3. Driver's License Number/State: _____

4. Have you held a driver's license in any other state(s)?
Yes _____ No _____ If yes, which
state(s)? _____

5. Please list your current telephone number and starting with your current address, list the address(s) where you have lived during the past 5 years. Phone number: _____

Street Address	City/State	Dates
_____	_____	_____
_____	_____	_____

6. Have you ever been fingerprinted for any reason? (Job application, military, driver's license, etc.)

Yes _____ No _____ if yes, give approximate date, location, and agency taking fingerprints.

7. How many traffic tickets and/or warnings have you had in the last 5 years?

Describe:

8. Have you ever been fired or forced to resign from any job, or quit because you thought you were about to be fired?

Yes _____ No _____ If yes, give employer and details:

9. Do you feel any previous employers would not give you a good recommendation? Yes _____ No _____

If yes, please explain:

10. Have you ever been refused security clearance, bonding, life, or automobile insurance?

Yes _____ No _____ If yes, please explain:

11. Are you presently on probation for any crime?
Yes _____ No _____ If yes, give details:

12. Do you have any immediate family members that are presently on probation?
Yes _____ No _____ If yes, please give individuals names and details:

13. Have you ever been convicted of an offense under the Uniform Code of
Military Justice?
Yes _____ No _____ If yes, explain:

14. Have you ever been arrested or ticketed for any reason? (Felonies &
misdemeanors -excluding traffic)
Yes _____ No _____ If yes, please explain:

15. Please list your present and past two employers. (Include name, address and
phone number)
Begin with the most recent.

(1) _____

(2) _____

(3) _____

I hereby certify that I have completed this form completely and accurately to the best of my knowledge. I hereby give the Cañon City Police Department and its authorized representatives permission to request and review any and all information, documents, and reports necessary to verify and investigate the answers given by me in my application to be a volunteer advocate. I understand that the Cañon City Police Department will review such documents and information to determine if I am qualified to become a volunteer.

I understand that I will be subject to examination and investigation of my qualifications and suitability for the position before I am actually appointed. I understand that further screening may consist of, but not necessarily limited to, the following:

- (a) Fingerprinting, FBI, and other police record checks
- (b) Background investigations
- (c) Personal interview

I understand that any falsification made by me in connection with this application may disqualify me from further consideration or, if discovered after appointment, may be grounds for discharge.

I understand that once the Coordinator has reviewed this application, spoken with references and done a personal interview, I may not be asked to join the Volunteer Advocate Program.

I hereby certify that I have read and understand the above statements and agree to their provisions:

Signature _____ Date _____