

# SENIOR VOLUNTEER PROGRAM APPLICATION FORM (CHP 462)

STATE OF CALIFORNIA  
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

## SENIOR VOLUNTEER PROGRAM APPLICATION

CHP 462 (New 8-00) OPI 004

Thank you for your interest in becoming a volunteer with the California Highway Patrol. The following information will be used to help determine your qualifications for participating in our Senior Volunteer Program. A background investigation will be conducted to help determine your overall suitability to work in a law enforcement environment.

LAST NAME	FIRST NAME	MIDDLE INITIAL
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ADDRESS

CITY	STATE	ZIP CODE
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BIRTHDATE	PHONE NUMBER
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SOCIAL SECURITY NUMBER \*

\* PRIVACY NOTICE: The Information Practices Act of 1977 (CC 1798.17) and the Federal Privacy Act of 1974 (PL 93-579) require that this notice be provided when collecting personal information from individuals. Providing the social security number is voluntary and is being requested for identification purposes only. The processing of this document may be hampered if you do not supply your social security number.

### EDUCATION

High School Graduate  Yes  No

College/University	Major	Number of Units Completed	Degree Earned	Years of Attendance

Business/Trade School	Major	Number of Units Completed	Degree Earned	Years of Attendance

**EMPLOYMENT AND EXPERIENCE**

Beginning with your most recent, please list all work experience (full-time, part-time, temporary, and voluntary) you have had within the last five years. Use an additional sheet of paper if necessary.

1. EMPLOYER		PHONE NUMBER	
ADDRESS	CITY	STATE	ZIP CODE
TITLE		FROM	TO
CONTACT PERSON			

2. EMPLOYER		PHONE NUMBER	
ADDRESS	CITY	STATE	ZIP CODE
TITLE		FROM	TO
CONTACT PERSON			

3. EMPLOYER		PHONE NUMBER	
ADDRESS	CITY	STATE	ZIP CODE
TITLE		FROM	TO
CONTACT PERSON			

Do you have any military experience?  Yes  No (If yes, complete below)

MILITARY BRANCH	YEARS IN MILITARY	HIGHEST RANK ACHIEVED
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**REFERENCES**

In the spaces below, please list three individuals such as family friends, co-workers, classmates, etc., who have knowledge of you and your qualifications. Please do not include relatives.

1. NAME		PHONE NUMBER	
ADDRESS	CITY	STATE	ZIP CODE
2. NAME		PHONE NUMBER	
ADDRESS	CITY	STATE	ZIP CODE
3. NAME		PHONE NUMBER	
ADDRESS	CITY	STATE	ZIP CODE

**PERSONAL BACKGROUND**

1. Have you ever been arrested, charged, or convicted of any criminal offense? Do not include traffic citations unless you were taken into custody.  Yes  No  
(If yes, please provide an explanation on the following page.)

2. Have you ever been discharged or forced to resign from any position?  Yes  No  
(If yes, please provide an explanation on the following page.)

3. Do you have any physical limitations or special needs if you are selected to be a volunteer?  Yes  No  
(If yes, please provide an explanation on the following page.)

4. Are you bilingual?  Yes  No

If so, what language(s)? \_\_\_\_\_

5. Do you possess a valid driver's license?  Yes  No

What state? \_\_\_\_\_ Driver's license number \_\_\_\_\_

6. Do you possess an identification card?  Yes  No

What state? \_\_\_\_\_ Identification card number \_\_\_\_\_

*I certify that all information contained in this application is true and complete.*

SIGNATURE	DATE
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