Idaho Falls Police Department

Volunteer Application

Please mail or hand-carry the completed application to:

Idaho Falls Police Department
Professional Standards Bureau
775 Northgate Mile, Idaho Falls, ID 83401
Questions: (208)612-8656



Last Name	First Name	Middle Name	CPA Graduate: [ ] Yes [ ] No Graduation Date: _____ Class No. ____

Current Street Address:	City:	State:	Zip Code:	How long there?

Evening/Home Phone	Day/Work Phone	Cell Phone	Fax Number	E-Mail Address

Emergency Contact	Relationship	Phone Number(s)	Medical Conditions

Doctors Name	Phone Number(s)	Health Insurance Policy Name & Number

The process to become a volunteer with the Idaho Falls Police Department includes a Criminal History Records Check and a Background investigation. Please provide us with the following information so that we may complete the Background Investigation.

Prior Names Used (including maiden):

If you have been at your current address for less than 5 years, please list other addresses:

Street Address: _____ City: _____ State: _____ Zip Code: _____ How long there?

Street Address: _____ City: _____ State: _____ Zip Code: _____ How long there?

SSN	DOB mm/dd/yy	Drivers License No.	State Issued	Expiration Date

Character References

References: Please provide the name, address and phone numbers of employers, friends, or associates who may also be contacted.

Present or Last Employer: [ ] OK to contact [ ] do NOT contact

Business Name: _____ Address: _____

City/State/Zip: _____ Phone Number: _____

Supervisor's Name & Title: _____ Supervisor's Phone Number: _____

Dates of Employment: _____ Reason for Leaving: _____

Job Title: _____ Job Duties: _____

Name: _____ Day Phone: _____ Evening Phone: _____

Address: _____ Association: _____ How long known?

Name: _____ Day Phone: _____ Evening Phone: _____

Address: _____ Association: _____ How long known?

Name: _____ Day Phone: _____ Evening Phone: _____

Address: _____ Association: _____ How long known?

ARREST RECORD:

Have you ever been arrested? Yes ☐ No ☐ If yes, list below Date, Location and Offense. Attach additional sheet if required.

Date (m/d/y): _____ Location: _____ Offense: _____

Date (m/d/y): _____ Location: _____ Offense: _____

Date (m/d/y): _____ Location: _____ Offense: _____

ALUMNI MEMBERSHIP BOARD USE ONLY:

Classification of Volunteer Membership: [ ] Academy Graduate Member [ ] Associate Member [ ] Honorary Member

Associate Member Candidate Sponsor: Name: _____ Phone Number: _____

Associate Membership: [ ] Approved [ ] Disapproved Name: _____ IFCPA3 _____ Date: _____

The facts set forth in this application and other such information submitted is true and complete. The Idaho Falls Police Department (IFPD) has my permission to conduct whatever background check necessary to determine my fitness to perform in the capacity of volunteer for the Department. I agree to waive any claims or right of action against the City of Idaho Falls and the IFPD for injuries that may arise from my volunteer duties. The IFPD reserves the right to remove any citizen volunteer from this program at any time, with or without cause.

Date: _____ Signature: _____

POLICE USE ONLY

Interviewed By _____ Date of Interview _____

Comments:

Revised: May 2004