

New Bern Police Department Volunteer Application Package

Step 1: Application Package

Complete the Volunteer Application, Background Questionnaire, and Terms & Signature Form and return them to...

*City of New Bern Police Department
Grants/Volunteer Coordinator
601 George Street
New Bern, NC 28562*

Step 2: Application Review

The Grants/Volunteer Coordinator will review your application. All sections of the application must be completed or have a N/A placed for “not applicable information” in order to be processed.

Step 3: Background Checks

All sections of the Background Questionnaire must be fully completed and the Terms & Signature Form must be signed in order to move forward in the application process. The background checks include fingerprinting, a review of the applicant’s criminal history, a clearance for current warrants, and driving record checks. Previous employers as well as the two (2) personal references listed by the applicant will be contacted to determine the applicant’s suitability to become a member of the City of New Bern Police Department Volunteer Program.

Step 4: Interview and Fingerprinting

Upon completion of the background checks and receipt of favorable character references, the applicant will interview with the Grants/Volunteer Coordinator and will be fingerprinted.

Step 5: Acceptance or Non-Acceptance

Upon successful completion of the above listed steps, the Grants/Volunteer Coordinator will make a recommendation to the Services Division Commander for acceptance or non-acceptance of the applicant into the City of New Bern Police Department Volunteer Program. All applicants will be notified by mail of their acceptance or non-acceptance. If the applicant is accepted into the program they will be invited to attend the next monthly volunteer meeting.

Volunteer Application

Application Date: ___/___/___ **Time Commitment:** _____ (hours) per day; week; month (circle one)

Name: (first) _____ (middle) _____ (last) _____ (AKA) _____

Physical address: _____

City, State, Zip _____

Mailing address (if different) _____

City, State, Zip _____

Telephone (home) _____ (Cell) _____ (Work) _____

Social Security # ___/___/___ Driver License#: _____ State: ___ Expiration: _____

Date of Birth: ___/___/___ Place of Birth: (city & state) _____

Marital Status: _____ Spouse's name: _____ Phone: _____

Emergency Contact: _____ Phone# _____ (relationship) _____

Education Achievement:

High School: _____ Graduated (year) _____ Location (city/state) _____

College: _____ Graduated (year) _____ Location (city/state) _____

Current Employer: _____

Address: _____ City: _____ State/Zip: _____

Supervisor: (name) _____ Telephone: _____

Past Employer: _____

Address: _____ City: _____ State/Zip: _____

Supervisor: (name) _____ Telephone: _____

Knowledge, Skills, and Abilities: _____

Special Talents/Interests: _____

Please name two references that will be contacted during normal business hours. These references should not be related to you or to one another.

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Address: _____

Address: _____

City/ State/ Zip: _____

City/State/Zip: _____

Home/work/cell phone: _____

Home/work/cell phone: _____

Background Questionnaire

The questions contained in this section are utilized solely for background investigation purposes, and will remain strictly confidential.

1. How frequently do you consume alcoholic beverages? _____

2. Have you ever tried, used, or experimented with marijuana? _____
If yes: Number of Times _____ Date of Last use _____

3. Have you ever tried or experimented with illegal drugs other than marijuana? _____
If yes: Number of Times _____ Date of Last use _____

4. Have you ever tried or experimented with controlled substances that were not prescribed to you by a physician? _____
If yes: Number of Times _____ Date of Last use _____

5. Have you ever tried or used a prescription medication, prescribed for you, when it was not medically necessary? _____

6. Have you ever been arrested, detained, or questioned by the police for a crime? _____
If yes, provide a brief explanation of the incident, the year it occurred, the state it occurred in, and the resulting adjudication.

7. Have your driving privileges ever been suspended, revoked, or cancelled? _____
If yes, provide a brief explanation of the incident(s), the year, state which suspension occurred, and the resulting adjudication.

8. Have you ever received traffic citations? _____ If yes, provide a brief explanation of the citation(s), the year, state where the citation was issued, and the resulting adjudication.

Terms & Signature

1. I understand and acknowledge that the City of New Bern Police Department will automatically disqualify any individual who has at any time:
 - Been convicted of a Felony
 - Illegal use of marijuana use in the past five years
 - Sold any illegal drug or substance, or prescription medication illegally
 - Been arrested for a crime or charged with a major traffic offence (DUI, DWI, Suspension of License within the past two years)
 - Lied during any part of the application or background questionnaire process
 - Excessive traffic violations
 - Drug or alcohol misuse or abuse
 - Unlawful sexual conduct
 - Any discharge from the military that is other than honorable
 - Demonstrated unwillingness to honor debt
 - Demonstrated any conduct that would jeopardize public opinion of the City of New Bern Police Department Volunteer Program

2. I affirm this application and background questionnaire contain no false statements, misrepresentations, or omissions; nor did I intentionally conceal any material that would knowingly make me ineligible for a volunteer position with the City of New Bern Police Department.

3. For the purpose of in-house security, I consent to a criminal history check, background investigation, and DMV history check prior to approval as a volunteer for the City of New Bern Police Department.

Applicant's Printed Name

Applicant's Signature

Date