

# PIERCE COUNTY SHERIFF'S DEPARTMENT

## Citizen Volunteer Pre-Application

Thank you for your interest in volunteering with the Pierce County Sheriff's Department as a Citizen Volunteer.

Before we accept your application, the department and the community needs to assure that you meet the high standards expected of all the people who represent our department. This form is the beginning of this assessment process. When you complete and return this form, you will enter the first phase of the review process. As vacancies occur in our volunteer staff, we will consider your skills, knowledge, abilities, and preferences for placement. You will then receive a Citizen Volunteer Application Form. In the meantime, we would like to have you complete the following information.

If you have any questions or concerns, please feel free to contact me at (253) 798-3624.

Again, thank you for your interest. We are looking forward to your participation.

Judi Holley  
Pierce County Sheriff's Department  
Volunteer Program Coordinator  
930 Tacoma Avenue South  
Tacoma WA 98402

**Name:**

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Aliases: \_\_\_\_\_ Maiden: \_\_\_\_\_

**Address:**

Street: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Phone:**

Home: \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_ E-mail \_\_\_\_\_

**Social Security Number** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

(In accordance with the Federal Privacy Act of 1974, disclosure of your Social Security Number is voluntary. The SSN will be used for identification purposes only to insure that proper records are obtained.)

**Driver's License Number:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

Please complete the reverse side before returning to PCSD.



I will be able to commit to volunteering \_\_\_\_\_ hours per week.  
I prefer to be stationed at \_\_\_\_\_ location.

**Emergency Contact Person:**

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

**Skills, Knowledge, Abilities, Preferences**

Please mark with an "X" those areas in which you possess skills, knowledge or abilities.  
Please mark with an "O" those areas in which you would like to gain experience.

Answering telephones \_\_\_\_\_  
Multi-Line \_\_\_\_\_  
Take Message \_\_\_\_\_  
Make Calls \_\_\_\_\_  
Follow-up Calls \_\_\_\_\_  
Telephone referral \_\_\_\_\_  
Crime Prevention Unit \_\_\_\_\_  
Fingerprinting \_\_\_\_\_  
Inventory control \_\_\_\_\_

Computer \_\_\_\_\_  
Access \_\_\_\_\_  
Excel \_\_\_\_\_  
Word \_\_\_\_\_  
M-soft Schd \_\_\_\_\_  
E-mail \_\_\_\_\_

Language skills (Speak/Write/Understand)  
Amer. Sign \_\_\_\_\_  
Spanish \_\_\_\_\_  
Cambodian \_\_\_\_\_  
Korean \_\_\_\_\_  
Russian \_\_\_\_\_  
Thai \_\_\_\_\_  
Ukrainian \_\_\_\_\_  
Yugoslavian \_\_\_\_\_

Office Skills \_\_\_\_\_      Typing \_\_\_\_\_  
Mail \_\_\_\_\_  
Distribution \_\_\_\_\_  
Collection \_\_\_\_\_  
Sorting \_\_\_\_\_  
Mapping \_\_\_\_\_  
Copy machine \_\_\_\_\_  
Fax machine \_\_\_\_\_  
Filing of records \_\_\_\_\_  
Placing orders \_\_\_\_\_

Public  
Speaking \_\_\_\_\_  
Training \_\_\_\_\_  
Facilitation \_\_\_\_\_  
Greeting the Public \_\_\_\_\_  
Serving as Host \_\_\_\_\_  
Reserve Program \_\_\_\_\_  
List other skills:

\_\_\_\_\_  
\_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

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