



Chesterfield County Police Department

Auxiliary Police Unit



Preliminary Inquiry/Information Form for Prospective Membership

(Please complete all information as accurately and completely as possible)

1. Name: _____

(Last Name)
(First name)
(MI)
2. Social Security Number: _____ Date of Birth: _____
3. Are you currently a resident of Chesterfield County? Yes / No
4. Present Address: _____

(Street Address)
(City)
(State) (Zip Code)
5. Home Phone: _____ Business Phone: _____
6. Please list your current and previous employers below:

| Dates of Employment MM/YY-MM/YY | Name of Employer | Employer Address | Number of Hours per Week |
|------------------------------------|------------------|------------------|--------------------------|
| | | | |
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7. List any volunteer organizations in which you currently have membership.

| Name of Organization | Number of hours per week |
|----------------------|--------------------------|
| | |
| | |
| | |

8. List any volunteer organizations in which you previously had membership.

| Name of Organization | Number of hours per week |
|----------------------|--------------------------|
| | |
| | |
| | |

9. Why are you interested in volunteering for the Chesterfield County Auxiliary Unit?

10. Can you commit at least 300 hours per year to participate in the Chesterfield Auxiliary Unit if membership were extended to you? Yes / No

11. Membership with the Chesterfield County Auxiliary Unit requires that its members have sworn police powers. The Chesterfield County Police Department will conduct an extensive background investigation on all applicants, including a polygraph examination. Have you ever been convicted of a felony or serious misdemeanor? Yes / No If yes, please explain

12. Would you be able to attend an informational session to learn about the functions and responsibilities of the Chesterfield Auxiliary Unit and to answer any questions you might have? Yes / No This session would be held during the week at 7:00 p.m.

Authorization for Release of Information

I authorize the Chesterfield County Police Department to conduct a background investigation with my application for membership into the Chesterfield County Auxiliary Unit. This investigation may include information as to my credit status, schools attend, police records, Division of Motor Vehicles records, present employers, professional references, personal references, military records, and other appropriate sources.

I authorize the release of any information that the Chesterfield County Police Department may request from the above sources. All information received by the Chesterfield County Police Department will only be used by the Chesterfield County Police Department in accordance with applicable law.

Applicant's Signature

Date

Please return to: Chesterfield County Police Department
P.O. Box 148, Chesterfield, Va. 23832
Attn: Lt. A. F. Funai U-702