



## CAPE CORAL POLICE DEPARTMENT

### POLICE VOLUNTEER UNIT (PVU)

#### APPLICATION INSTRUCTIONS



***You must be 18 years of age or older and possess a valid Florida driver's license for your application to be considered.***

1. Complete this application and sign in the presence of a Notary. A Notary will be available at the time of your interview if you are unable to have this document notarized prior to its submission.
2. Complete the *Personal Information* sheet (CCPD Form # #F-28).
3. Complete the *Civilian Background Waiver* (CCPD Form #FO-63).
4. Attach a photocopy of your current Florida driver's license.
5. Attach a signed *Physician Authorization Form* (page 5) authorizing participation in the PVU.
6. Return the completed application, *Personal Information* form, *Civilian Background Waiver*, copy of your driver's license, and signed *Physician Authorization Form* to the Cape Coral Police Department Information Desk or PVU office.

We will review your application and contact you for a personal interview prior to the scheduling of the next PVU Academy.

***Thank you for your interest in becoming a member of the  
Cape Coral Police Volunteer Unit.***





## Employment

Current Employer: _____	Previous Employer: _____
Address: _____	Address: _____
Telephone: _____	Telephone: _____

## Social & Criminal History

*Please complete all questions fully and accurately. Note: In order to be considered you must be able to, truthfully, answer "yes" to questions 1-2 and "no" to questions 3-8.*

1. Are you at least 18 years of age?  Yes  No
2. Do you possess a High School Diploma or GED?  Yes  No
3. Has your driver's license been suspended within the past 3 years?  Yes  No
4. Have you received 3 or more moving violations in the past 3 years?  Yes  No
5. Have you ever been convicted of a felony crime?  Yes  No
6. Have you ever been convicted of a misdemeanor involved moral turpitude, false statements, perjury, or domestic violence?  Yes  No
7. Have you used, possessed, or cultivated any illegal controlled substance within the last 5 years? If so, when: \_\_\_\_\_  Yes  No
8. Are you a current recipient of an injunction for protection and/or a restraining order in any state?  
If yes, explain: \_\_\_\_\_  Yes  No

*Criminal History note: Because you are applying to a law enforcement agency, you must include information about any arrest, conviction or other criminal activity, even if the records are sealed or expunged (Section 943.17(7) F.S. Rule 11B-27.0022). If you answer "yes" to any of the following, you **must** attach a full explanation before your application will be considered.*

1. Have you ever been arrested or charged with a felony and/or misdemeanor?  Yes  No
2. Have you ever been convicted of a felony and/or misdemeanor?  Yes  No
3. Have you ever taken anything from an employer without proper permission?  Yes  No
4. Have you ever been involved in the illegal sale of drugs?  Yes  No
5. Are you now or have you ever been the member of a gang or any association that engaged in criminal activity?  Yes  No
6. Do you have regular or continuous associations or dealings with anyone under criminal investigation or indictment, or who is involved in criminal behavior?  Yes  No

***To protect the City of Cape Coral, its employees, the public, and to apply with applicable federal and state employment laws, the City will conduct employment background checks and/or investigations on candidates selected for a position.***

***This policy extends to any and all persons performing work for the City of Cape Coral, paid or unpaid. As such, successful completion of a background check is a requirement prior to holding a volunteer position within the PVU.***

By signing this application, you are certifying that all statements are true, complete, and correct. You are authorizing the City of Cape Coral to investigate your background to assess your qualifications for this position. Further, you are authorizing past employers and educational institutions to disclose any information requested by us. Falsification, misrepresentation, or omission of information may result in disqualification from appointment or termination.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
 Police Officer & Badge #

Notary



# CAPE CORAL POLICE DEPARTMENT PHYSICIAN AUTHORIZATION FORM



This form must be completed, by your physician, prior to applying to participate with the Cape Coral Police Department's Police Volunteer Unit (PVU).

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Physician Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Physician Address: \_\_\_\_\_

### Administrative Volunteers

Volunteers acting in an administrative role must:

- Not be under the influence of any medication which may affect their judgment or reflexes

### Patrol and Marine Volunteers

Volunteers acting in a patrol and/or marine capacity must:

- Not be under the influence of any medication which may affect their judgment or reflexes
- Be able to lift up to 15 pounds and carry that weight least 20 yards
- Be able to walk, unassisted, for at least ¼ mile
- Be able to stand, up to an hour, outside, in SW Florida weather
- Be able to walk up and down three (3) flights of stairs

***This authorization certifies that \_\_\_\_\_ is physically capable of***  
***(Volunteer Applicant)***  
***performing the duties required of an Administrative / Patrol / Marine (circle all that apply)***  
***volunteer.***

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date