



BREMERTON POLICE DEPARTMENT
CITIZEN AUXILIARY PATROL APPLICATION

First Name: _____ Last Name _____

Address _____

City, State Zip _____ Email: _____

Home Phone: _____ Work Phone: _____

Two Local References (Full Name, Address, and Phone Number)

Please list any accommodations you need to perform volunteer duties: _____

As a volunteer of the Bremerton Auxiliary Patrol, I agree to abide by the following rules:

1. While on patrol I will not be carrying any personal weapons.
2. I will not engage in any verbal or physical confrontations or attempt to detain or control any person(s) while on patrol.
3. I will not patrol while under the influence of alcohol or drugs that may impair my driving and/or judgement.
4. I will follow the directions of the on-duty Bremerton Police Department Supervisor or the Auxiliary Patrol Coordinator.
5. I will obey all laws including all traffic laws while patrolling.
6. I will not engage in any pursuits of persons or vehicles.
7. As a representative of the Bremerton Police Department and the Auxiliary Patrol I will carry myself in a professional manner at all times.

IMPORTANT DISCLOSURES:

PUBLIC RECORD: Pursuant to the Washington Public Disclosure Act, (RCW 42.56), this form constitutes a public record and is subject to public release upon request. The following information may be redacted prior to disclosure pursuant to RCW 42.56.250(3): Residential addresses, residential telephone numbers, personal wireless telephone numbers, personal electronic mail addresses, social security numbers, driver's license numbers, identicard numbers, and emergency contact information of employees or volunteers of a public agency, and the names, dates of birth, residential addresses, residential telephone numbers, personal wireless telephone numbers, personal electronic mail addresses, social security numbers, and emergency contact information of dependents of employees or volunteers of a public agency.

BACKGROUND CHECKS: You may be required to consent to a background check in accordance with RCW 43.43.830-839 for the limited purpose of the City determining your suitability as a volunteer. (To be used for volunteers who will have unsupervised access to children, developmentally disabled persons or vulnerable adults or who will be working with confidential information or in a position of public trust). These checks may include but not be limited to: driving record checks, reference checks, direct background investigations, and/or criminal investigations.

NON-DISCRIMINATION. Applicants are considered for appointment without regard to race, color, religion, gender, national origin, sexual orientation, age, genetic information, marital or veteran status, or the presence of any disability.

I certify (declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct (RCW 9A.72.085)

Signature: _____

Date: _____