



CASPER POLICE DEPARTMENT

City of Casper, Wyoming

Keith McPheeters
Chief of Police

201 North David Street
1st Floor
Casper, Wyoming 82601

Crisis Response Team Application

Name: _____ Date: _____

Address: _____
Street, City, State, Zip Code

Mailing Address (if different): _____

Telephone: _____
Home, Work, Cell, Other

Email Address: _____

Social Security Number: _____ Date of Birth: _____

Employer: _____ Date of Employment: _____

Driver's License #: _____ State: _____ Expiration Date: _____

Have you ever been arrested? Yes No When? _____

If yes, please provide details: _____

Are you fluent in a second language? Yes No If yes, please specify: _____

List professional, trade, civic activities, and offices held: _____

Have you ever applied for a position and/or been employed by the City of Casper or the Casper Police Department? Yes No If yes, when? _____

Please provide two personal references other than family members and/or previous employers:

Name: _____ Name: _____

Address: _____ Address: _____

Telephone: _____ Telephone: _____

Please list your last two employers:



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Company: _____ Company: _____

Address: _____ Address: _____

Telephone: _____ Telephone: _____

Supervisor: _____ Supervisor: _____

Job title/description: _____ Job title/description: _____

Dates of employment: _____ Dates of employment: _____

Please describe the special skills, qualifications, interests, and experiences that you would bring to the Crisis Response Team as a volunteer advocate:

Please state your reasons for applying to become a member of the Casper Police Department Crisis Response Team:

Please provide any additional information you believe might be helpful when considering your application:



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STATEMENT AND BACKGROUND INVESTIGATION WAIVER

I certify that the personal information given herein is true and complete to the best of my knowledge. Upon acceptance as a volunteer for the Crisis Response Team, I understand that false or misleading information may result in immediate termination. I agree to abide by all policies and procedures of the Casper Police Department and Victim Services Program.

I authorize an investigation of all statements contained in this application as may be necessary in making a decision concerning acceptance or rejection as a volunteer advocate. I understand that this application is not a contract of employment.

I hereby authorize the Casper Police Department to conduct an background investigation on my person, to include an interview of my past and present employers and personal references listed herein. I recognize that any and all information obtained during this investigation will be held strictly confidential.

Signature: _____ Date: _____