



COMMUNITY MEMBER VOLUNTEER APPLICATION

Renton Police Department Community Member Volunteer

In 2018, Washington State voters passed Initiative 940: the Law Enforcement Training and Community Safety Act (LETCSA). Rules set forth in the law included the creation of a community representative that would work with an independent investigative team should there be an officer involved shooting within our jurisdiction. The goal is to enhance accountability and increase trust to improve the legitimacy of policing; the members will assess whether the process of the investigation is conducted in a trustworthy manner and complies with intended standards.

The City of Renton's Police Department is actively seeking Renton residents who wish to serve on the department's Community Representative Team (CRT). Members of this team will be tasked with reviewing all aspects of the investigation during a law-enforcement-involved shooting, ensuring that the process was done in a trustworthy manner and complies with intended standards. Volunteers are not compensated.

Personal Information

Full Name: _____
First MI Last

Street Address: _____ City: _____ Zip: _____

Email Address: _____

Phone Number (home): _____ (cell): _____

Date of Birth: _____ / _____ / _____ Social Security No.: _____ (last 4 digits)
Month Day Year

Driver's License Number: _____ State: _____

Criminal History

The Renton Police Department will conduct a criminal background check on all volunteer applicants. The following questions must be answered by all applicants:

Have you been convicted of a felony or released from prison within the last seven (7) years?

☐ No ☐ Yes If yes, please explain: _____

Have you been convicted of a misdemeanor within the last 3 years?

☐ No ☐ Yes If yes, please explain: _____

Employment History

(Please start with present or most recent employer)

Employer Name: _____

Address: _____ Phone: _____

Employed From: _____ Reason for Leaving: _____

Position: _____ Supervisor: _____

Job Duties: _____

Employer Name: _____

Address: _____ Phone: _____

Employed From: _____ Reason for Leaving: _____

Position: _____ Supervisor: _____

Job Duties: _____

Personal References

Please list three (3) people whom we may contact for character reference. These individuals may not be relatives and must be people you have known for at least 3 years.

1. Name: _____ Relationship: _____

Phone: _____ Email: _____

☐ home ☐ cell ☐ work

Address: _____ City: _____ Zip: _____

2. Name: _____ Relationship: _____

Phone: _____ Email: _____

☐ home ☐ cell ☐ work

Address: _____ City: _____ Zip: _____

3. Name: _____ Relationship: _____

Phone: _____ Email: _____

☐ home ☐ cell ☐ work

Address: _____ City: _____ Zip: _____

Interests and Background

1. Why do you want to be a Community Representative Volunteer for the Renton Police Department?

2. Have you volunteered before? (If so, please give name of organization and dates):

3. Please list your interests, hobbies, community activities, memberships, etc.: _____

4. Is there anything in your background that has not been covered in the preceding questions, which could affect your eligibility to volunteer with the Renton Police Department?

IMPORTANT: THE FOLLOWING MUST BE FILLED OUT IN FULL AND SIGNED

I swear or affirm that all statements in this application form are true and correct to the best of my knowledge. I understand that falsification of information on this application may result in my elimination from the Renton Police Department Volunteer Program. I hereby authorize the Renton Police Department to conduct a background investigation, including criminal history check. I also verify that I have read and carefully understand the volunteer opportunity description and application form process.

Applicant's Signature

Date

Please attach a copy of your driver's license or state photo ID card. Letters of recommendation are welcome.

Information on this application may be subject to public records disclosure per RCW 42.56



Please submit completed application to Deputy Chief Jon Schuldt:

Email

Jschuldt@rentonwa.gov

For Office Use Only

Background ☐ Accepted ☐ Rejected

Initials: _____ Date: _____