



Office of Mayor Antonio R. Villaraigosa

CRISIS RESPONSE TEAM

VOLUNTEER APPLICATION

Please note that you must satisfy the following requirements before becoming a CRT volunteer:

- You must be at least **21 years old** and in good physical condition.
- You are asked to make a **one-year time commitment**, if possible.
- You must have direct access to a **motor vehicle** at all times during your shift, have a valid **California Driver's License** and valid California approved **vehicle insurance**.
- Your application is subject to a complete background review of any criminal convictions. Applicants **will be fingerprinted and processed through City/State/Federal agencies for this purpose**. Disqualification may result from factors considered in the review. Factors such as the relationship between the offense and becoming a CRT volunteer will be taken into account. **NOTE: This information will be kept confidential.**
- Applicants will be asked for a \$25 refundable CRT equipment, id badge and pager deposit.
- **TIME COMMITMENT: VOLUNTEERS WILL BE REQUIRED TO SIGN UP FOR A MINIMUM OF 36 HOURS ON CALL PER MONTH (3 - 12 HOUR CALLOUT SHIFTS PER MONTH)**. These shifts will be primarily on the weekends and will be mutually agreed upon between the CRT and the Volunteer.

IF AT ALL POSSIBLE, PLEASE COMPLETE THIS APPLICATION ELECTRONICALLY USING WORD. IF COMPLETING BY HAND, PLEASE PRINT LEGIBLY.

TODAY'S DATE: _____

E-MAIL ADDRESS: _____

Last Name		First Name		Mr.	Ms.	Mrs.	Dr.
Street Address		City		Zip			
Home Phone	Work Phone	Personal Pager:		Cellular Phone			
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How did you hear about the Crisis Response Team program, and please identify which one. Please be specific.

Newspaper	Police/Fire:	Council Office	Friend	Internet	Other
Have you ever worked/volunteered for a City of Los Angeles department?			When	Where	
If yes, which department:				Dates of service:	

Other Languages spoken? Spanish Korean Farsi Armenian Other, please specify:

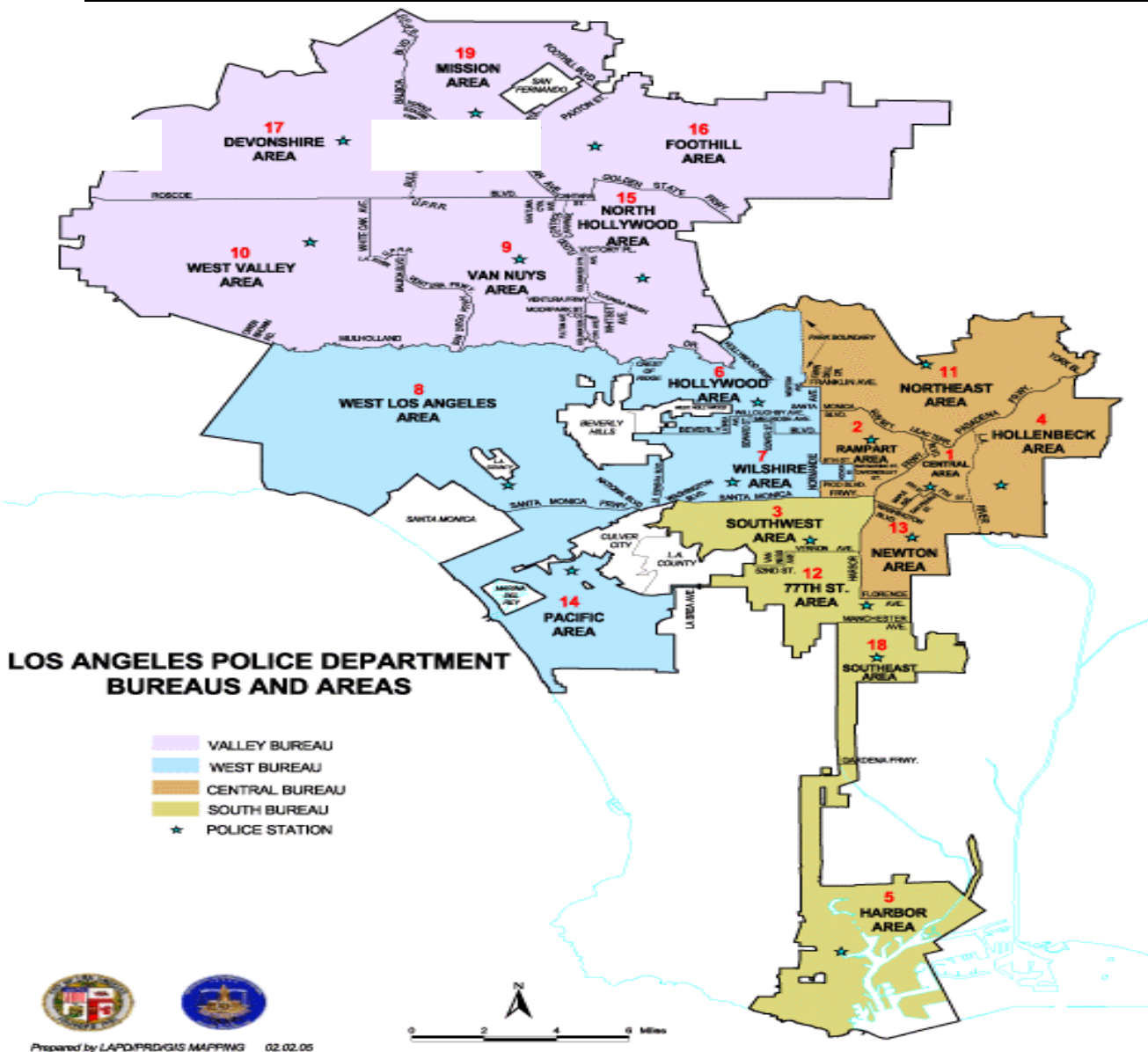
Person to be contacted in case of emergency: Email:
 Name/Relationship:
 Address (street, city, state, zip):
 Telephone: Day: _____ Evening: _____ Cell: _____

WE ASK THAT VOLUNTEERS WORK OR LIVE IN THE POLICE DIVISION(S) WHERE THEY WILL VOLUNTEER. PLEASE LOOK OVER THE PROVIDED L.A. POLICE DIVISION MAPS AND CHOOSE THE DIVISION(S) IN WHICH YOU WOULD LIKE TO BE PLACED IN. VOLUNTEER PREFERENCE:

Crisis Response Teams are located throughout the city. Please check the box next to the division for which you would like to be placed

<u>CENTRAL BUREAU</u>	<u>SOUTH BUREAU</u>	<u>VALLEY BUREAU</u>	<u>WEST BUREAU</u>
<ul style="list-style-type: none"> <input type="radio"/> Central <input type="radio"/> Hollenbeck <input type="radio"/> Newton <input type="radio"/> Northeast <input type="radio"/> Rampart 	<ul style="list-style-type: none"> <input type="radio"/> 77th Street <input type="radio"/> Harbor <input type="radio"/> Southeast <input type="radio"/> Southwest 	<ul style="list-style-type: none"> <input type="radio"/> Devonshire <input type="radio"/> Foothill <input type="radio"/> Mission <input type="radio"/> N. Hollywood <input type="radio"/> Van Nuys <input type="radio"/> West Valley 	<ul style="list-style-type: none"> <input type="radio"/> Hollywood <input type="radio"/> Pacific <input type="radio"/> West L.A. <input type="radio"/> Wilshire

Please describe any unusual circumstances related to your choice of L.A. Police Division: _____
 Please visit the LAPD website (www.lapdonline.org) for original copy of maps.



Please list any special accommodations needed in attending CRT training (disability access, cultural/religious, etc).

Skills and Knowledge

Education (school & highest education completed):	Professional/Technical/Specialized Training:
Do you possess any knowledge, training and/or resources that can add to the effectiveness or betterment of this CRT program?	

Please attach your RESUME detailing your professional & volunteer history and leave the below section blank. If your resume is not available, please complete the section below.

ORGANIZATION/ EMPLOYER Contact name Phone Number City, State	Position	Starting & Ending Dates	Responsibilities (list 3-5 main duties)

Why do you want to VOLUNTEER with the Crisis Response Team program?

Multiple empty horizontal lines for providing an answer to the question above.

BACKGROUND INFORMATION

Your application is subject to a complete background review of any criminal convictions. Applicants will be fingerprinted and processed through State/Federal agencies for this purpose. Disqualification may result from factors considered in the review. Factors such as the relationship between the offense and becoming a CRT volunteer will be taken into account. NOTE: This information will be kept confidential.

Date of birth: ____/____/____ Social Security # ____-____-____

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

Have you ever been convicted of a crime other than minor traffic violations? Yes No

Offense: _____ Date: _____ Location: _____

Fine/Sentence: _____

Offense: _____ Date: _____ Location: _____

Fine/Sentence: _____

Are you currently on probation, parole or awaiting trial? Yes No

STATISTICAL INFORMATION (optional)

Age group: 21-34 35-49 50-64 65+

Sex: Male Female

Ethnic Group: African-American Hispanic Asian-American Caucasian Native American Other: _____

I declare under penalty of perjury that all statements on this application form and attachments are true and complete to the best of my knowledge. I understand that false, misleading or incomplete information shall be cause for disqualification. NOTE: False statements made under penalty of perjury may also result in criminal prosecution.

Signature: _____ Date: _____

COMMUNITY / WORK REFERENCES

Please provide three recommendations below:

Mayor's/Council Office	Community Organization	Police/Fire Department	Employer
Name/Position: _____			
Employer/Organization: _____			
Relationship to Applicant: _____			
# Of Years Known: _____			
Phone: Work: _____ Home: _____ Cell: _____			
E-Mail: _____			
Name:/Position: _____			
Employer/Organization: _____			
Relationship to Applicant: _____			
# Of Years Known: _____			
Phone: Work: _____ Home: _____ Cell: _____			
E-Mail: _____			
Name:/Position: _____			
Employer/Organization: _____			
Relationship to Applicant: _____			
# Of Years Known: _____			
Phone: Work: _____ Home: _____ Cell: _____			
E-Mail: _____			

Please return the completed application and resume to:

CRISIS RESPONSE TEAM

Mayor's Office of Homeland Security & Public Safety Dept.

200 No. Spring Street, Room 303

Los Angeles, CA 90012

Jeffrey Zimmerman, M.S.W., CRT Manager

Phone: (213) 978-0697

Fax: (213) 978-0718

E-mail: LACRT@lacity.org

11/14/07