



GOVERNMENT OF THE DISTRICT OF COLUMBIA
METROPOLITAN POLICE DEPARTMENT



CVC Preparedness Packet

Dear Applicant,

Congratulations on your decision to apply with the Washington DC Metropolitan Police Department. We look forward to reviewing your qualifications and background in consideration for a volunteer position with our Department.

It is necessary to complete this packet and follow the directions carefully in preparation to enter a background investigation. Should you qualify for the next phase of processing, you will be given an opportunity to upload these documents into the eSOPH background portal. If you need any assistance completing the attached paperwork, please call a member of the Office of Volunteer Coordination on (202) 727-6587, or contact us via email at mpd.volunteer@dc.gov. In addition, members of the Office of Volunteer Coordination will be available to assist you via appointment at our office, located at 300 Indiana Ave., NW, Room 1034, Washington, DC 20024. Please call or e-mail to schedule an appointment.

REQUIRED DOCUMENTS

- Driver's License or Government Issued Photo Identification

PACKET RETURN

Once your packet is completed, it must be brought with you to the information session, along with a copy of your driver's license. Do not submit this packet prior to attending an information session. If you are unable to complete your packet prior to your scheduled information session, you may submit via one of these methods:

- E-mail to mpd.volunteer@dc.gov (preferred)
- Mail or drop off* to: Office of Volunteer Coordination
300 Indiana Avenue NW, Room 1034
Washington, DC 20001

*To ensure someone is available to accept your packet, please call 202-727-6587.

Should you successfully complete the initial prescreening process, you will be contacted by the Office of Volunteer Coordination for entry into the eSOPH background portal.

Sincerely,

Salah Czapary
Director
Office of Volunteer Coordination

_____ Applicant Initials (Read, Completed and Understood)



GOVERNMENT OF THE DISTRICT OF COLUMBIA
METROPOLITAN POLICE DEPARTMENT



**METROPOLITAN POLICE DEPARTMENT
OFFICE OF VOLUNTEER COORDINATION
COMPUTER CHECKS REQUEST FORM**

Date: _____

Applicant's Full Legal Name: _____
(Last, First Middle)

Applicant's Current Home Address: _____
Street, City, State, Zip

Sex: _____ Race: _____ DOB: _____ FULL SSN: _____

List individually **all** states and countries that you have ever lived, visited, or resided in for over a 30 day period. When listing the state, please include the city.

| | | | | | |
|-------|-------|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

If YOU HAVE EVER BEEN ARRESTED PLEASE LIST CITY, STATE AND CHARGE.
(use reverse side if necessary)

- 1.
- 2.
- 3.
- 4.
- 5.

_____ Applicant Initials (Read, Completed and Understood)



GOVERNMENT OF THE DISTRICT OF COLUMBIA
METROPOLITAN POLICE DEPARTMENT



AUTHORIZATION TO RELEASE OF INFORMATION
AND STATEMENT OF CONSENT

I, _____ do hereby authorize a review by, and a full disclosure to a duly authorized agent of the Washington, D.C., Metropolitan Police Department of all records, or any part thereof, concerning myself, whether the said records are public or private, and including those which may be deemed to be of a privileged or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions, financial and credit institutions, including records and any other information including statements of deposits, withdrawals and balances of checking, savings and loan accounts, and also the record of commercial or retail mercantile establishments and retail credit agencies (including credit reports and/or ratings,) medical and psychiatric consultation and/or treatment including those of hospitals, clinics, private practitioners, the U.S. Veterans Administration, Social Security Administration, and military medical and psychiatric facilities, public utility companies, employment and pre-employment records, including background investigation reports, medical reports, the results of polygraph examinations, efficiency and performance ratings, complaints or grievances filed by or against me, and salary records, and other financial statements and records of any nature whatever, and wherever filed, records of complaints, arrests, trial and/or convictions for alleged or actual violations of the law, including criminal and/or traffic records, and further to include all such records whether "adult" or "juvenile."

I reiterate, and emphasize that the intent of this authorization is to provide full and free access to those records and any other information including statements that will permit the development of a background and history of my personal and professional life. I further reiterate my authorization to submit, after a conditional offer of employment is made, to any medical, physical, psychiatric, psychological, or other testing, including urine and/or blood for controlled dangerous substances for the specific purpose of developing pertinent information for the Washington, D.C., Metropolitan Police Department to be considered in determining my suitability for employment by the Department. It is my specific intent to provide access to information, however personal, privileged, or confidential it may appear to be, and the sources of information specifically enumerated above are not intended to deny or prevent access to any other records not specifically identified herein.

I understand that any information obtained by a personal history background investigation, which is developed, directly or indirectly, in whole or in part, upon release will be considered in determining my suitability for employment, as stated above. Any medical information obtained before a conditional offer of employment is made will not be considered unless a conditional offer of employment is extended. All medical information received will be kept in a separate file and will not be reviewed or used in determining whether a conditional offer of employment will be made.

_____ Applicant Initials (Read, Completed and Understood)



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I agree to indemnify and hold harmless the person(s) to whom this Authorization for Release of Information is presented and his/her agents and employees, from and against all claims, damages, losses, and expenses, including reasonable attorneys' fees arising out of, or by reason for complying with requests for information that this Authorization provides.

I further understand that in the event my voluntary employment application and/or resume is disapproved, not considered, or otherwise does not result in my appointment to the Metropolitan Police Department, the sources(s) of confidential information cannot and will not be released and/or revealed to me. Additionally, all information and documentation obtained, to include testing results, will be the sole property of the Metropolitan Police Department.

It is further understood by me that a photocopy, including a facsimile (or fax) copy of the actual original of this Authorization for Release of information will be valid as an original hereof, even though the said photocopy or facsimile does not contain an original writing of my signature.

Applicant's Printed Name

Signature

DATE

DATE OF BIRTH

XXX-XX-

Last 4 Digits of Social Security Number

_____ Applicant Initials (Read, Completed and Understood)



GOVERNMENT OF THE DISTRICT OF COLUMBIA
METROPOLITAN POLICE DEPARTMENT



PRELIMINARY SUITABILITY SURVEY FOR CITIZEN VOLUNTEER APPLICANTS

Full Name (Last, First, Middle): _____

Address (Street, City, State, Zip): _____

Social Security Number: _____ - _____ - _____ Date of Birth: _____

Race: _____ Gender: _____ Place of Birth: _____

Excluding nicknames, list any other names you have ever used and the periods of time during which you used them: _____

Instructions to Applicant:

Use black ink only and print legibly and clearly

This booklet must be completed by the applicant in the applicant's handwriting.

You are being considered for a volunteer position with the Washington, D.C. Metropolitan Police Department. As a prerequisite for volunteering, you are required to submit to a background investigation. As part of that process, it will be necessary for you to complete this pre-screening booklet. The contents of this booklet and background investigation process are considered "CONFIDENTIAL" by both the Reviewer and Applicant, except when information relative to national security or to the conduct of official police business is divulged. It is important that you understand that the intentional misrepresentation, omission, or falsification of any material fact may be just cause for disqualification or dismissal from the applicant process.

Members of the Metropolitan Police Department, regardless of their position, are placed in a position of trust and responsibility. Because of this trust, the Metropolitan Police Department expects candor and honesty from all employees and volunteers. Upon approval of this pre-screening booklet, you will undergo a background investigation to determine you meet suitability requirements.

During the investigation, you will discuss many aspects of your background. Many applicants are hesitant to reveal information that they fear may disqualify them from volunteering. Keep in mind that many minor violations are not automatic disqualifiers to appointment. However, your failure to provide truthful, accurate, and complete information will disqualify you.

Applicant Signature: _____ **Date:** _____

Signature of MPD Witness: _____ **CAD:** _____

_____ Applicant Initials (Read, Completed and Understood)



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IDENTITY

YES **NO**

- _____ Have you ever used a false name, date of birth, SSN number, or place of birth for any reason?
- _____ Have you ever obtained, possessed, or used any form of false identification?
- _____ Have you ever misrepresented your identity to any law enforcement agency?
- _____ Have you ever falsified your identity on any job application or official document?
- _____ Have you ever knowingly made any false statement under oath, or falsified any document concerning any matter?

CITIZENSHIP

YES **NO**

- _____ Are you a US citizen by birth or naturalization?

RESIDENCY

YES **NO**

- _____ Has anyone ever called the police on you?
- _____ Have you been involved in any arguments or fights with any of your neighbors?
- _____ Will any of your current or former neighbors say anything derogatory about you?
- _____ Have you ever moved out of any place you have lived due to arguments or disputes with your spouse, family members, roommates, neighbors, or landlords?

EMPLOYMENT

YES **NO**

- _____ Have you ever been fired from any job?
- _____ Have you ever quit or resigned from a job in lieu of being fired.
- _____ Are you currently ineligible to be rehired at any place of past employment?
- _____ Have you ever received a below average, unsatisfactory, or poor performance rating from an employer?
- _____ Within the past three (3) years, have you been subjected to disciplinary action from an employer based upon allegations of insubordination or inability to follow orders?
- _____ Have you ever been rejected for employment by any police department or law enforcement agency?
- _____ Have you ever been terminated or forced to resign from any commissioned or recruit/probationary position with a law enforcement agency for disciplinary reasons?
- _____ Have you ever resigned or been terminated from any law enforcement academy due to a lack of proficiency in an academic or skill area?
- _____ Have you ever previously applied with the Metropolitan Police Department?

_____ Applicant Initials (Read, Completed and Understood)



GOVERNMENT OF THE DISTRICT OF COLUMBIA
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Within the past twelve (12) months, how many unexcused absences have you had at your current place of employment? _____

Within the past twelve (12) months, how many unexcused late occurrences have you had at your current place of employment? _____

Within the past five (5) years, how many times have you been subjected to disciplinary action from an employer for any reason? _____

Within the past five (5) years, how many times have you been discharged from civilian employment due to disciplinary action? _____

MILITARY

YES **NO**

- _____ Have you ever received a “less than an honorable” (i.e., Dishonorable, General, etc.) discharge from the United States Military?
- _____ While in the military, did you ever engage in any conduct that would constitute a criminal offense?
- _____ Have you ever received any form of discipline while serving in the Military?

DRIVING HISTORY

YES **NO**

- _____ Have you ever operated a vehicle after consuming any intoxicating substance to the point of intoxication?
- _____ Have you ever fled from, or attempted to elude, police while on foot or in a vehicle?
- _____ Have you ever failed to appear in court as a result of any traffic ticket?
- _____ Within the past five (5) years, has your driver’s license been suspended or revoked for moving violations?
- _____ Within the past five (5) years, have you operated a motor vehicle while your driver’s license was suspended or revoked?
- _____ Have you ever been convicted of, pled guilty or nolo contendere to, or been given probation before judgment for driving under the influence (DUI) of any controlled substance?
- _____ Have you ever been convicted of, pled guilty or nolo contendere to, or been given probation before judgment for driving while intoxicated from alcohol on any occasion?
- _____ Have you ever been convicted of, pled guilty or nolo contendere to, or been placed on probation before judgment for manslaughter (negligent homicide), hit and run with injury, or fleeing and eluding police?
- _____ Have you ever refused to submit to a truth verification test as part of a pre-employment process?

_____ Applicant Initials (Read, Completed and Understood)



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Within the past five (5) years, how many collisions have you been involved in that were considered to be your fault? _____

Within the past twelve (12) months, how many tickets/ infractions have you received for moving violations? _____

CRIMINAL HISTORY

YES **NO**

- | | | |
|-------|-------|---|
| _____ | _____ | Have you ever been investigated or interviewed by any law enforcement or security personnel as a <u>suspect</u> or <u>defendant</u> in any crime? |
| _____ | _____ | Have you ever engaged in any conduct which would constitute a felony offense, whether or not the conduct resulted in your arrest or the filing of criminal charges? |
| _____ | _____ | As an adult or juvenile, have you ever been arrested? |
| _____ | _____ | As an adult or juvenile, have you ever received any criminal summonses or criminal citations? |
| _____ | _____ | Have any criminal charges against you ever been dropped or dismissed? |
| _____ | _____ | Have any criminal charges ever been expunged from your record? |
| _____ | _____ | Have you ever been convicted of, pled guilty or nolo contendere to, or been given probation before judgment for any misdemeanor, or any offense in any state, territory, or country? |
| _____ | _____ | Have you ever been concerned (or suspected) that you were under investigation for commission of any crimes, even though you were not directly contacted by any law enforcement authorities? |
| _____ | _____ | Have you ever been placed in a jail, prison, or detention center as a result of criminal charges? |
| _____ | _____ | Are you currently wanted in any jurisdiction for any reason? |
| _____ | _____ | Are you currently on probation or parole for any reason? |
| _____ | _____ | Have you ever been involved in any bias-related crime? |
| _____ | _____ | Have you ever been involved in any form of hazing? |

CIVIL ACTIONS

YES **NO**

- | | | |
|-------|-------|--|
| _____ | _____ | Have you ever been a plaintiff or a defendant in a civil law suit? |
| _____ | _____ | Has any court-ordered financial judgment ever been taken against you? |
| _____ | _____ | Have you ever failed to obey or honor any judgment entered by a court of record, including, but not limited to, failure to make alimony or child support payments, and failure to pay any fine imposed by any court of record? |
| _____ | _____ | Have you ever received any of the following court orders against you: ex parte, restraining order, protective order, peace order, or any other court order naming you as a defendant or respondent? |

_____ Applicant Initials (Read, Completed and Understood)



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THEFT ISSUES

YES **NO**

- _____ Have you ever shoplifted any merchandise from a store or business?
- _____ Have you ever helped anyone shoplift (lookout, divert store employees, hide merchandise, etc.) merchandise?
- _____ Have you ever stolen any money, merchandise, or property from any place you have worked?
- _____ Have you ever stolen anything?
- _____ Have you ever deliberately falsified a time card, work schedule, expense account, payroll document, purchase order, bill, invoice, or any other financial document to commit a theft?
- _____ Have you ever knowingly received, purchased, or sold any stolen property?
- _____ Have you ever stolen from any governmental agency, to include intentionally falsifying any income tax return?
- _____ Have you ever taken something without permission?

DOMESTIC AND SEXUAL-CRIME ISSUES

YES **NO**

- _____ Have the police ever responded to any domestic violence incident in which you were involved?
- _____ Have you ever been involved in any domestic violence incident when the police did not respond?
- _____ Have you ever inflicted any physical injury to any child who was in your care and custody?
- _____ Have you ever had sexual contact with any child under the age of 18 when you were four or more years older than that child? (include whether or not you paid the child in any form to participate in the sexual contact.)
- _____ Have you ever intentionally viewed, possessed, distributed, or manufactured any form of child pornography?
- _____ Have you ever had, or attempted to have, sexually explicit conversations with a child via a computer or any other media outlet?
- _____ Have you ever engaged in any sexual acts involving prostitution, to include committing the act of prostitution, arranging the services of a prostitute, or profiting from those services?
- _____ Have you ever committed, participated in, or facilitated an act of rape, or committed any sexual act with another person against their will or when the other person was unable to consent or resist due to a disabling condition such as intoxication, physical incapacitation, mental incapacitation, or disability?
- _____ Since the age of 13, have you ever engaged in sexual contact with any animal? If you are unsure of your age at the time of the incident, document the incident in the additional comments section.
- _____ Have you ever exposed your sexual organs to harass, frighten, or shock another person?
- _____ Since the age of 13, have you ever had inappropriate sexual contact with any family member?

_____ Applicant Initials (Read, Completed and Understood)



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ILLEGAL DRUG USAGE

DISCLAIMER: Below you will provide information about your history with illegal drugs. Review these questions carefully and provide complete, accurate responses. For the purpose of responding to the following questions, "illegal drugs" include the unauthorized or illegal use of prescription medications or over-the-counter drugs; it also includes the illegal use of a substance for the purpose of getting "high", and all synthetic drugs.

Examples of drugs include, but are not limited to the following: Amphetamines / Methamphetamines (Uppers, Speed, Crank, etc), Barbiturates (Downers), Cocaine / Crack Cocaine, Designer Drugs (Ecstasy, Synthetic Heroin, etc.), GHB (Date Rape Drug), Hallucinogens (Peyote, LSD, Mushrooms), Hashish / Hashish Oil, Heroin / Opium, **Marijuana (with or without a prescription, and even in states where marijuana is legal, must be fully disclosed)**, synthetic marijuana, bath salts, Mescaline, Morphine, PCP / Angel Dust, Quaaludes, Steroids, Synthetic Marijuana (Spice, K-2, Zombie, Scooby Snacks, etc), Tetrahydrocannabinol (THC), Glue, paint, or any substance containing toluene. Even if you claim the use of such substance was an accident, or you were not aware at the time, you must disclose it. Ensure you have answered all questions, or your Applicant Profile will be returned to you for correction which will delay the process.

**Disclosure of drug usage does NOT preclude
an applicant from proceeding in the application process.**

YES NO

_____ Have you used any form of non-prescribed drug and/or narcotic (to include marijuana, narcotics of any form, dangerous drugs of any kind, and/or any other non-prescribed substance)?

Details: _____

Detail the extent of your illegal drug use within the last 5 years:

_____ Have you ever experienced any adverse contact with law enforcement due to illegal drug use, possession, or distribution?

_____ Have you ever forged any documents for financial gain or criminal intent?

_____ Have you ever performed any services for anyone to receive illegal drugs?

_____ Applicant Initials (Read, Completed and Understood)



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YES **NO**

- | | | |
|-------|-------|--|
| _____ | _____ | Have you ever directly sold any illegal drugs? |
| _____ | _____ | Have you ever set up, arranged, or facilitated any illegal drug transactions? |
| _____ | _____ | Have you ever hidden any illegal drugs for yourself or anyone else? |
| _____ | _____ | Have you ever grown or attempted to grow Marijuana or any other illegal drugs? |
| _____ | _____ | Have you ever taken part in manufacturing or producing any illegal drugs? |
| _____ | _____ | Have you ever ingested any prescription medicine for non-medical reasons? (to get high, out of curiosity, for social or recreational reasons, etc.) |
| _____ | _____ | Have you ever illegally bought or sold prescription medicine to include, but not limited to, Percocet, Oxycontin, Oxycodone, etc? |
| _____ | _____ | Have you ever traded anything for prescription medicine? |
| _____ | _____ | Has anyone ever given you any prescription medicine for non-medical reasons? |
| _____ | _____ | Have you ever given anyone any prescription medicine for non-medical reasons? |
| _____ | _____ | Have you ever secretly given anyone any prescription medicine without that person's knowledge or consent? |
| _____ | _____ | Have you ever taken part in any prescription forgeries? |
| _____ | _____ | Have you ever taken more than the prescribed amount of any over the counter or prescribed medicine? |
| _____ | _____ | Have you ever directed anyone or taken anyone to any place to purchase illegal drugs? |

_____ Applicant Initials (Read, Completed and Understood)

[illegible]



GOVERNMENT OF THE DISTRICT OF COLUMBIA
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Required Document Checklist

The following documents are required. If your pre-screening packet is approved, you will proceed to the background investigation phase in eSOPH. An invite for the eSOPH system will be sent to you upon approval. You **must** upload these documents into your eSOPH account under the “Documents” tab. Failure to upload these documents will prohibit you from continuing in the process. Please initial once the document is uploaded.

| Initial | Required Documents |
|---------|--|
| | <ul style="list-style-type: none">• Birth Certificate, or Naturalization Certificate, or US Passport |
| | <ul style="list-style-type: none">• Driver’s License or Government Issued Photo Identification |
| | <ul style="list-style-type: none">• Social Security Card |

_____ Applicant Initials (Read, Completed and Understood)