

**Virginia Beach Police Department**  
**Civilian Volunteer & Intern Application**  
*Jo Ann Weger, Volunteer Resource Manager*

Municipal Center, Building #11  
2509 Princess Anne Road  
Virginia Beach, Virginia 23456  
Office: 757.385.4970 / FAX: 757.385.5622 / Email: jweger@vbgov.com

**Requirements**

Applicants will require a criminal history background check, fingerprinting, and a photo ID supplied by the Virginia Beach Police Department. A driving record check is only reviewed when the volunteer position requires driving a city vehicle.

**Disqualifier**

Convictions of crimes against persons or animals and moral turpitude are automatic disqualifiers.

**Application Instructions**

This information is for official use by the Virginia Beach Police Department. A police record check will be conducted on all prospective volunteers or interns with the Virginia Beach Police Department.

**Required forms to complete the application process:**

Both pages one and two of the Civilian Volunteer & Intern Application (PD-15), and the attached Criminal Record Information Request (PD-150V) must be completed. Page three (PD-150V) **MUST BE NOTARIZED.**

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**THE FOLLOWING MUST BE COMPLETE, ACCURATE, AND PRINTED LEGIBLY**

POSITION APPLIED FOR (check only one):

Intern (what school do you attend?) \_\_\_\_\_  
 Volunteer (where do you wish to volunteer?) \_\_\_\_\_

1. Legal Name: \_\_\_\_\_  
Last First Middle

Any other Names Used? If Yes, Please List: \_\_\_\_\_  
Gender: Male  Female  Date of Birth: \_\_\_\_\_

2. Email Address: \_\_\_\_\_

3. Address: \_\_\_\_\_  
Street City State Zip

4. Telephone(s): \_\_\_\_\_  
(Include Area Code) Home Work Cellular

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5. List all convictions for any criminal offense either as an adult or juvenile. List the county, city or town, state, charge, charge date, and final disposition of each case:

Criminal Charge	Date Charged	County or City & State	Final Disposition

6. In case of an emergency, provide notification information:

Contact Person	Relationship	Address	Phone Number(s)

- I hereby certify that all statements and answers made are true and complete to the best of my knowledge. I am aware of the confidentiality of this position. I am also aware that information divulged on confidential information with the Department of Police could subject me to criminal prosecution.
- I hereby authorize the Virginia Beach Police Department, Municipal Center, Virginia Beach, Virginia, to obtain and review any and all information contained on this application form. I further release any holder of such information of any and all claims or damages resulting from the same information given.
- I hereby give consent and authorize the Virginia Beach Police Department to search their files and Virginia Central Criminal Records Exchange for any criminal history record.
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SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**PLEASE NOTE:**

- After completing this application (PD-15) and the Criminal Record Information Request (PD-150V), please return both to the address at the top of page 1 by mail, fax or in person.
- Remember that form PD-150V Must Be Notarized.
- Please note that the processing of form (PD-150V) may take 2-7 days.
- Once both of the aforementioned forms are received and processed, you will be notified by phone or email on how to obtain your volunteer ID card.
- Any questions, please call the contact number at the top of page 1.

# CRIMINAL RECORD INFORMATION REQUEST

In accordance with Code of Federal Regulations 28CFR20.21, Code of Virginia § 9.1-101, Code of Virginia § 19.2-389 (1950), as amended, and the Rules and Regulations of the Criminal Justice Services Commission of the Commonwealth of Virginia.

**Note:**

1. Unauthorized or further dissemination will subject the disseminator to criminal and civil penalties.
2. This form will be placed on file and remain on file for at least two (2) years (Code of Virginia).

**(Please PRINT on application except for signatures required)**

*Applicant Information (name searched):*

Date: \_\_\_\_\_

Name \_\_\_\_\_  
Last Suffix Full First Name Full Middle Name Maiden

Sex \_\_\_\_\_ Race \_\_\_\_\_ Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_

Place of Birth \_\_\_\_\_ Reason for Request \_\_\_\_\_

Current Address \_\_\_\_\_  
Street #/Street Name Apt# City State Zip

Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
(Include Area Code)

**Applicant Notarization:** I hereby give consent and authorize the Virginia Beach Police Department to search their files and Virginia Central Criminal Records Exchange (CCRE) for any criminal history record and report the results of such search to the agent or individual authorized in this document to receive same.

Signature of Person Named in Record \_\_\_\_\_

Subscribed and sworn to/affirmed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Notary Signature \_\_\_\_\_ My commission expires \_\_\_\_\_

**Requesting Division:** As provided for in Section 19.2-389, Code of Virginia, I hereby request the criminal history record of the individual named in Section I above and swear or affirm that I have the consent of the person to obtain his/her record and will not further disseminate the information received, except as provided by law.

Signature of Person Making Request \_\_\_\_\_ Date: \_\_\_\_\_

Print: \_\_\_\_\_  
Rank/Title Name Assignment

**Below For Office Use ONLY**

Identification: \_\_\_\_\_

\_\_\_\_ No Criminal Record

\_\_\_\_ Positive Criminal Record

Clerk's Signature: \_\_\_\_\_ Code: \_\_\_\_\_

Date: \_\_\_\_\_

Position (volunteer, college intern, Project Lifesaver, CAC, A/C, other): \_\_\_\_\_

Approved By: \_\_\_\_\_ Work Location: \_\_\_\_\_

ID Printed By: \_\_\_\_\_ Date: \_\_\_\_\_ ID Expiration: \_\_\_\_\_

**(Return completed form to the VBPB Volunteer Resource Manager's Office)**