



# Office of Mayor Antonio 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**.
- Applicants will be fingerprinted and processed through City/State/Federal agencies for this purpose.

PLEASE PRINT LEGIBLY

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DATE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

Last Name		First Name	Title (circle one)
			Mr. Ms. Mrs. Dr.
Street Address		City	Zip
Home Phone	Work Phone	Pager:	Cellular Phone
( )	( )	( )	( )

*Your name, address and various contact numbers will be listed on a roster of CRT volunteers. The roster will be distributed to CRT members & LAPD/LAFD department personnel who will be working with the Crisis Response Team.*

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
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Have you ever worked/volunteered for a City of Los Angeles department?                      When                      Where

If yes, which department:	Years of service
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Are you bilingual?     Spanish     Korean     Chinese     Armenian     Russian     Vietnamese

Other, please specify:

<b>Person to be contacted in case of emergency:</b>			
Name/Relation:			
Address:			
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.

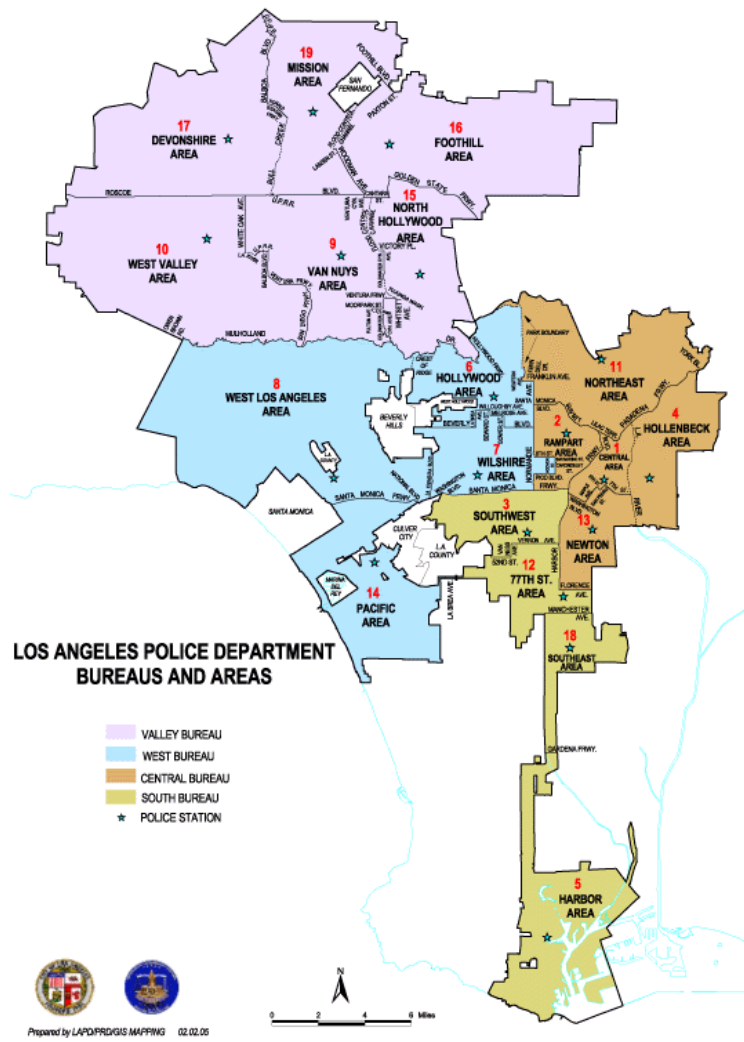
**VOLUNTEER PREFERENCE**

Crisis Response Teams are located throughout the city. Please CIRCLE the division for which you would like to be placed in.			
<p><u>CENTRAL BUREAU</u></p> <ul style="list-style-type: none"> <li><input type="radio"/> Central</li> <li><input type="radio"/> Hollenbeck</li> <li><input type="radio"/> Newton</li> <li><input type="radio"/> Northeast</li> <li><input type="radio"/> Rampart</li> </ul>	<p><u>SOUTH BUREAU</u></p> <ul style="list-style-type: none"> <li><input type="radio"/> 77<sup>th</sup> Street</li> <li><input type="radio"/> Harbor</li> <li><input type="radio"/> Southeast</li> <li><input type="radio"/> Southwest</li> </ul>	<p><u>VALLEY BUREAU</u></p> <ul style="list-style-type: none"> <li><input type="radio"/> Devonshire</li> <li><input type="radio"/> Foothill</li> <li><input type="radio"/> Mission</li> <li><input type="radio"/> N. Hollywood</li> <li><input type="radio"/> Van Nuys</li> <li><input type="radio"/> West Valley</li> </ul>	<p><u>WEST BUREAU</u></p> <ul style="list-style-type: none"> <li><input type="radio"/> Hollywood</li> <li><input type="radio"/> Pacific</li> <li><input type="radio"/> West L.A.</li> <li><input type="radio"/> Wilshire</li> </ul>

Please describe any unusual circumstances related to your choice of L.A. Police Division:

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Please visit the LAPD website ([www.lapdonline.org](http://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?	

**Professional & Volunteer History (Please submit a Resume. If a resume is not available then please complete below):**

ORGANIZATION - EMPLOYER City, State	Position	# of years	Duties (list 3-5 main duties)



## COMMUNITY / WORK REFERENCES

Please provide three recommendations below:

Mayor's/Council Office	Community Organization	Police/Fire Department	Work
<b>Name/Position:</b> _____			
Organization: _____			
Relationship to Applicant: _____			
# Of Years Known: _____			
Phone No(s): _____			
<b>Name/Position:</b> _____			
Organization: _____			
Relationship to Applicant: _____			
# Of Years Known: _____			
Phone No(s): _____			
<b>Name/Position:</b> _____			
Organization: _____			
Relationship to Applicant: _____			
# Of Years Known: _____			
Phone No(s): _____			

**Please return the completed application and resume to:**

**Jeffrey Zimmerman, M.S.W.  
Office of Mayor Antonio Villaraigosa  
Crisis Response Team  
200 North Spring Street  
Los Angeles, CA 90012**

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**Fax:** (213) 978-0718  
**E-mail:** [jeffrey.zimmerman@lacity.org](mailto:jeffrey.zimmerman@lacity.org)

11/14/05