

VOLUNTEERS in POLICE SERVICE PROGRAM

APPLICATION

Date:		-				
Name:						
	Last		First		Middle	
	Number		Apt. #	City	State Zip	
Phone #:		E-1	mail Address: _			
Place of Employment:				Bus Pho	ne:	
Please list o	other names, if any	used on employn	nent or education	on records:		
Emergency	Contact Person:			Phone		
Please list s	pecial skills, intere	sts, and/or hobbie	s you have:			
List your cu	urrent or previous e	xperience with or	ganizations, civ	ic groups and	l clubs:	
List all prev	vious volunteer exp	erience:				

Please list three references (only one may be related to you)

Name		Address		Phone Number
Have you ever been arre	sted and/or conv	icted of a crime?Yes		_No
Where?		When?		
Department policies and pr				
Signature of Applicant		Date		
	- (Fe	OR OFFICE USE ONLY)		
Records Check Run:	Date:	References Checked:		Date:
Interview:	Date:			