

# LONGMONT PUBLIC SAFETY VOLUNTEER SERVICES

225 Kimbark Street, Longmont, Colorado 80501  
Public Safety Volunteer Coordinator 303.774.4440



---

## Volunteer Application

---

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

**FULL NAME, INCLUDING MIDDLE INITIAL:**

\_\_\_\_\_

**HOME ADDRESS:**

\_\_\_\_\_

**CITY, STATE, ZIP:**

\_\_\_\_\_

**BUSINESS ADDRESS:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **WORK PHONE:** \_\_\_\_\_

**OCCUPATION:** \_\_\_\_\_

**DRIVER'S LICENSE NUMBER:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ \*

**\* A COPY OF YOUR DRIVER'S LICENSE MUST BE ATTACHED**

**EXPIRATION DATE:** \_\_\_\_\_ **SOCIAL SECURITY NUMBER:** \_\_\_\_\_

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

**Volunteer position you are interested in:** \_\_\_\_\_

\_\_\_\_\_

Name you would like volunteers and staff to call you: \_\_\_\_\_

Please indicate days/time you would be available to volunteer: \_\_\_\_\_

\_\_\_\_\_

**List previous volunteer experience:**

**Activity**

**Agency**

**Dates**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List your specific skills and talents that might be useful in your volunteer work:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EDUCATION – SKILLS – ABILITIES**

Type of Schools	Name, City, & State	Diploma, GED or Degree
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No
College (Undergrad)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Trade School		<input type="checkbox"/> Yes <input type="checkbox"/> No

Apprenticeships, correspondence courses and additional training not shown above: \_\_\_\_\_

Military Service: Branch of service \_\_\_\_\_ Dates of service \_\_\_\_\_

Have you ever been convicted of a felony  Yes  No. If yes, please explain: \_\_\_\_\_

**SPECIAL SKILLS**

**OFFICE SKILLS:**

Computer

List systems, software & knowledge level:

\_\_\_\_\_

\_\_\_\_\_

**BILINGUAL SKILLS:**

Verbal: \_\_\_\_\_

Written: \_\_\_\_\_

**HOW DID YOU HEAR ABOUT THIS VOLUNTEER POSITION?**

\_\_\_\_\_

### Work History

**EMPLOYMENT RECORD.** List your complete work history starting with your present position and working backwards through your past three work experiences. Include military service and, if you wish, volunteer work. This section must be filed in completely, even if a resume is attached.

**(1) Present or last employer:**

From month: \_\_\_\_\_ Year: \_\_\_\_\_ To month: \_\_\_\_\_ Year: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Type of Business: \_\_\_\_\_ Telephone: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Starting Position Title: \_\_\_\_\_

Last Position Title: \_\_\_\_\_

Description of duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for leaving or seeking other employment:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**(2) Previous employer:** \_\_\_\_\_

From month: \_\_\_\_\_ Year: \_\_\_\_\_ To month: \_\_\_\_\_ Year: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Type of Business: \_\_\_\_\_ Telephone: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Starting Position Title: \_\_\_\_\_

Last Position Title: \_\_\_\_\_

Description of duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for leaving or seeking other employment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**(3) Previous employer:** \_\_\_\_\_

From month: \_\_\_\_\_ Year: \_\_\_\_\_ To month: \_\_\_\_\_ Year: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Type of Business: \_\_\_\_\_ Telephone: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Starting Position Title: \_\_\_\_\_

Last Position Title: \_\_\_\_\_

Description of duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for leaving or seeking other employment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

---

---

**REQUIRED—MUST COMPLETE**

---

**AUTHORIZATION TO RELEASE INFORMATION  
AND CONFIDENTIALITY AGREEMENT:**

As a Volunteer with the Longmont Public Safety Department, I am willing to furnish information for use in determining my qualifications. I understand, for security reasons, a basic background clearance check will be conducted and I will be asked to provide fingerprint information. Further background information may be requested if a specific volunteer assignment calls for a full security check to include a polygraph or a Voice Stress Analyzer.

I understand that false statements on this application or during the interview process will be cause for immediate dismissal from this volunteer position with the Public Safety Department. I understand the Public Safety Department will not have to disclose the reason, if any, for not being selected as a volunteer for this program.

In signing, I do hereby certify that all information contained in this application is correct and accurate to the best of my knowledge. I further authorize the Public Safety Department to verify my criminal history and driving records as part of the background screening process.

If accepted as a volunteer for the Public Safety Department, I understand I may be privy to confidential information and agree to respect and maintain **ALL** confidential information whenever presented with it. No exceptions to this policy will be permitted.

---

**Volunteer's Signature**

---

**Date**

---

**VOLUNTEER'S SIGNATURE**

---

**DATE**

**REFERENCES—REQUIRED**

**Please give the name of three references who know your abilities and interests.**

**1. Personal Reference**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Describe how long you have known this person and what type of relationship you have with this person. \_\_\_\_\_

\_\_\_\_\_

**2. Employer Reference:**

Name: \_\_\_\_\_

Agency: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Describe your work assignments and length of time you served with this employer.

\_\_\_\_\_

\_\_\_\_\_

**3. Volunteer or Additional Personal Reference:**

Name: \_\_\_\_\_

Agency: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Describe your volunteer assignments and length of time you served with this agency.

\_\_\_\_\_

\_\_\_\_\_

**EMERGENCY CONTACTS \* REQUIRED -**  
**MUST COMPLETE**

**1. Name:** \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

**2. Name:** \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_