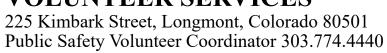
LONGMONT PUBLIC SAFETY VOLUNTEER SERVICES





	Volunteer Application	
DATE:		
FULL NAME, INCLU	DING MIDDLE INITIAL:	
HOME ADDRESS:		
CITY, STATE, ZIP:		
	:	
HOME DHOME.	WORK PHON	E:
HOME PHONE:		
OCCUPATION:		
OCCUPATION: DRIVER'S LICENSE * A COPY OF YOUR		STATE:
OCCUPATION: DRIVER'S LICENSE * A COPY OF YOUR EXPIRATION DATE:	NUMBER: DRIVER'S LICENSE MUST BE AT	STATE: TACHED UMBER:
OCCUPATION: DRIVER'S LICENSE * A COPY OF YOUR EXPIRATION DATE: E-MAIL ADDRESS: _	NUMBER: DRIVER'S LICENSE MUST BE AT'SOCIAL SECURITY N	STATE: TACHED UMBER:
OCCUPATION: DRIVER'S LICENSE * A COPY OF YOUR EXPIRATION DATE: E-MAIL ADDRESS: _ Volunteer position you	NUMBER: DRIVER'S LICENSE MUST BE AT SOCIAL SECURITY N	STATE: TACHED UMBER:
OCCUPATION: DRIVER'S LICENSE * A COPY OF YOUR EXPIRATION DATE: E-MAIL ADDRESS: _ Volunteer position you Name you would like vo	NUMBER: DRIVER'S LICENSE MUST BE AT SOCIAL SECURITY N are interested in:	STATE: TACHED UMBER:
OCCUPATION: DRIVER'S LICENSE * A COPY OF YOUR EXPIRATION DATE: E-MAIL ADDRESS: _ Volunteer position you Name you would like vo	NUMBER: DRIVER'S LICENSE MUST BE AT SOCIAL SECURITY Note that the second staff to call you: e you would be available to volunteer:	STATE: TACHED UMBER:

EDUCATION – SKILLS – ABILITIES

	Type of Schools	Name, City, & State	Diploma, GED or Degree	
	High School		☐ Yes ☐ No	
	College (Undergrad)		☐ Yes ☐ No	
	Trade School		Yes No	
Appre	nticeships, correspondenc	e courses and additional tra	ining not shown above:	
Milita	ry Service: Branch of service	vice	Dates of service	
Have y	you ever been convicted o	f a felony ☐ Yes ☐ No	. If yes, please explain:	
OFFIC:	E SKILLS:	SPECIAL SKILLS		
Comput	er 🔲			
List syst	tems, software & knowled	ge level:		
BILING	GUAL SKILLS:			
Verbal:				
Written:				
HOW I	OID YOU HEAR ABOU	T THIS VOLUNTEER PO	OSITION?	

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 employ	er:			
From month: Address: Type of Business: Supervisor: Last Position Title:	Year:	To month:	_	Year:
Address:	City		State:	Zip
Type of Business:		Telepl	none:	
Supervisor:		Starting Position	Title:	
Last Position Title:		_ 0		
Description of duties:		_		
Reason for leaving or seeki	ng other employme	ent:		
(2) Previous employer: From month: Address: Type of Business: Supervisor: Last Position Title:				
From month:	Year:	To month:		_ Year: _
Address:	City		State: _	Zip
Type of Business:		Telepl	none:	
Supervisor:		Starting Position	Title:	
Last Position Title:		_ •		
Description of duties:		<u> </u>		
Reason for leaving or seeki	ng other employme	ent:		
(3) Previous employer:				
From month: Address: Type of Business: Supervisor: Last Position Title: Description of duties:	Year:	To month:		Year:
Address:	City	10 monu	State	- 1 car 7.in
Type of Business:	City	Telent	one.	Z ip
Supervisor:		Starting Position	Title:	
Last Position Title				
Description of duties:				
Description of duties.				
Daggar for lassing an activity	m a ath an annul ar			
Reason for leaving or seeking	ng otner employme	ent:		

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:
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.
Describe your work assignments and length of time you served with this employer.
3. Volunteer or Additional Personal Reference:
Name
Name:Agency:
Phone Number: Describe your volunteer assignments and length of time you served with this agency.
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: