

CLEARWATER POLICE DEPARTMENT
VOLUNTEER PROGRAM
APPLICATION

PERSONAL INFORMATION

PRINT NAME: _____

DATE: _____

HOME ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

EMAIL ADDRESS: _____

HOME TELEPHONE: _____

CELL TELEPHONE: _____

WORK TELEPHONE: _____

DATE OF BIRTH: ____/____/____

SOCIAL SECURITY: ____-____-____

GENDER: FEMALE MALE

RACE: _____

DO YOU POSSESS A VALID FLORIDA DRIVERS LICENSE? YES NO

DRIVERS LICENSE OR ID NUMBER: _____

EXPIRATION DATE: ____/____/____

DRIVING PRIVILEGE EVER BEEN SUSPENDED OR REVOKED? YES NO

IF YES - WHEN, WHY AND

WHERE: _____

HAVE YOU EVER BEEN ARRESTED, CONVICTED, LEGAL PROCESS, ETC.: YES

NO

IF YES - WHAT WAS THE EXACT CHARGE(S), DATE(S) OF OCCURRENCE, AND LOCATION(S): _____

PAST WORK EXPERIENCE

EMPLOYER: _____

DATES OF EMPLOYMENT: ____/____/____ TO ____/____/____

(List additional employment on back of Page 2)

EDUCATION

HIGH SCHOOL: _____ DATE GRADUATED: _____

COLLEGE: _____ DATE GRADUATED: _____

FOREIGN LANGUAGES SPOKEN: _____

EMERGENCY CONTACT INFORMATION

NAME: _____

ADDRESS: _____ City _____ State _____

PHONE #: _____

REFERENCE #1

NAME: _____

ADDRESS: _____ City _____ State _____

PHONE #: _____

RELATIONSHIP: _____

REFERENCE #2

NAME: _____

ADDRESS: _____ City _____ State _____

PHONE #: _____

RELATIONSHIP: _____

INTERESTS / AVAILABILITY (PLEASE CHECK ALL APPLICABLE RESPONSES)

<input type="checkbox"/> GENERAL ADMINISTRATIVE	<input type="checkbox"/> DATA INPUT (Computer Skills Req.)	<input type="checkbox"/> PATROL: (City-Wide including beach)	
---	--	--	--

AVAILABILITY: 4 HRS PER WEEK? YES NO / SUN - FRI? YES NO

I understand that my volunteer work for the Clearwater Police Department will be contingent upon the results of a complete background investigation. Any omission, falsification, misstatement, or misrepresentation will be the basis for my disqualification as a volunteer applicant.

SIGNATURE: _____ Date _____

Mail to: Police Volunteer Liaison, 645 Pierce St. Clearwater, FL 33756