



Completed applications can be mailed to: Sanford Police Department, Volunteer Program 815 Historic Goldsboro Blvd., Sanford Fl 32771

Date of Application	Name of Appli	cant		
Month / day / year	First Name	Last	Name	Middle Name
Previous Names (if Applicable)				
Date of Birth	Height	t Weight	Eye Color	Hair Color
Month / day / year				
Social Security Number	Race	Sex		US Citizen Yes No Circle one
Street Address				
			Apt. Number	
City	State		Zip	
Mailing Address				
			Apt. Number	
City	State		Zip	
Home Phone		Listed	Unlisted	
Work Phone		May we call?		
Cell Phone		Email		
Emergency Contact		Phone Nu	mber	
Street Address				
			Apt. Nu	mber
City		State	Zip	





Education and Training					
Circle the highest grade completed. 1 2 Currently attending	3 4	5		8 9 BS/BA	10 11 12 MS/MA Ph.D.
List any professional, technical, or occupational skill					
Are you bilingual? If yes, what is your second language?	Yes	or	No		
Background History					
Do you possess a <i>VALID*</i> Florida's driver license? *Valid: an issued license that has not been denied, revoked or suspended within the past 3 years.	Yes		No	Driver Li	cense Number
Has your driver's license been denied, revoked, or suspended within the past 3 years?	Yes		No	If yes, ple	ease explain.
List all traffic citations and accidents for the past three years.					
Is your driver's license currently suspended, revoked, or expired?	Yes		No	If yes, ple	ease explain.
Have you ever been arrested (Including charges dropped)?	Yes		No		
If yes, what was the charge, the final disposition of the charge(s)? Please include arresting agency date of arrest and disposition.					

Yes

No

Do you have the legal right to work in the United

States?

If no, please explain.





Employment History:

Please list all employment experience, including temporary and part time, within the past 10 years. Account for all periods, including unemployment and service in the Armed Forces. If more than one position was held with the same employer, list the information in the next block(s). If you were employed under a different name, please enter name, please enter name in the right hand margin.

Recent Employer	Dates Employed	From	То
Address			
Supervisor's Name	Job Title		
Duties			
Employer's Phone Number			
May we contact this employer? Yes	No		
Previous Employer	_ Dates Employed	From	To
Address			
Supervisor's Name	Job Title		
Duties			
Employer's Phone Number			
May we contact this employer? Yes	No		
Previous Employer	_ Dates Employed	From	То
Address			
Supervisor's Name	Job Title		
Duties			
Employer's Phone Number			
May we contact this employer? Yes	No		





Volunteer Experience:

Please list any volunteer experience that you have had. If you volunteered under a different name, please enter the name in the right hand margin.

Organization	Volunteer Dates	From	То
Address			
Supervisor's Name	Job Title		
Duties			
Organization's Phone Number			
May we contact this organization? Yes			
Organization	Volunteer Dates	From	То
Address			
Supervisor's Name	Job Title		
Duties			
Organization's Phone Number			
May we contact this organization? Yes			
Organization	Volunteer Dates	From	То
Address			
Supervisor's Name			
Duties			
	-		
Organization's Phone Number			
May we contact this organization? Yes	No		





References - List three references (not related to you) and relationship to applicant

Name:	
Address:Email Address:	
Name	
Address	
Email Address:	
Name	
Address	
Email Address:	Relationship:
READ THE FOLLOWING PARAGRA	ATTENTION: PH CAREFULLY BEFORE SIGNING THE CERTIFICATION
herein. A false answer to any question in the services. All statements are subject to invectiminal history. In addition, you will be as will be considered in reviewing your application.	epartment are authorized to verify any information contained this application may be grounds for terminating your volunteer estigation, including a check of your training, experience and sked to be photographed and fingerprinted. All information cation. Also, your application may be subject to public Public Records Law, Chapter 119, Florida Statutes.
also certify that I have read the statements a comply with all rules, regulations, policies Department. I understand that this is an un- employment rights or benefits. I understand	this application are true and correct to the best of my knowledge. above. If accepted for volunteer service, I agree to abide by and and procedures of the City of Sanford and the Sanford Police paid volunteer position, which does not provide me any d and agree that I am free to terminate my services at any time. I of Sanford and the Sanford Police Department has the right to nd for any reason.
Print Name:	Date:
Signature:	





AREA OF INTEREST

* Administration	
* Chaplain (must be an ordained Minister)	
* Citizen on Patrol	
* Community Events	
Approximate number of hours you can volunteer:	
I HAVE STRONG SKILLS IN:	
I WOULD LIKE TO LEARN MORE ABOUT:	
I WOULD RATHER NOT HAVE TO DO:	