



BARNSTABLE POLICE DEPARTMENT VOLUNTEER APPLICATION

DATE _____

PHONE # _____

NAME _____

EMAIL _____

ADDRESS _____

TOWN _____

STATE _____

ZIP _____

Are you under the age of 18? YES NO

USING YOUR LIFE EXPERIENCES, WHAT ARE YOUR STRENGTHS AND TALENTS?

(e.g. organizing, people, computers, clerical, problem solving, community, fundraising, telephone work, etc.)

PLEASE TELL US ABOUT YOUR PREVIOUS WORK AND VOLUNTEER EXPERIENCES. (WHEN/WHERE)

HAVE YOU EVER WORKED OR VOLUNTEERED IN A POLICE DEPARTMENT? YES NO

IF YES, WHEN AND IN WHAT CAPACITY? _____

WHAT HAVE BEEN YOUR MOST REWARDING AND LEAST REWARDING LIFE EXPERIENCES?

HOW MUCH RESPONSIBILITY DO YOU LIKE?

A LOT SOME A LITTLE NONE

DO YOU LIKE TO BE REGULARLY SCHEDULED OR UNSTRUCTURED? _____

ARE THERE TIMES OF THE YEAR, WEEK OR DAY WHEN YOU ARE NOT AVAILABLE?

WOULD YOU BE INTERESTED IN VOLUNTEERING DURING EVENING HOURS? _____

IS THERE ANYTHING ELSE WE NEED TO KNOW ABOUT YOU TO MAKE YOUR VOLUNTEER EXPERIENCE POSITIVE?

EMERGENCY CONTACTS:

NAME _____ PHONE _____
PHYSICIAN NAME _____ PHONE _____

PLEASE LIST THREE REFERENCES:

NAME _____ PHONE _____
ADDRESS _____
RELATIONSHIP _____

NAME _____ PHONE _____
ADDRESS _____
RELATIONSHIP _____

NAME _____ PHONE _____
ADDRESS _____
RELATIONSHIP _____

IMPORTANT NOTICE:

A criminal records check/background investigation will be conducted on prospective volunteers within the Police Department. By signing below, you hereby grant the Barnstable Police Department authority to conduct a criminal history records check/background investigation. Volunteering in the Barnstable Police Department is contingent upon a satisfactory reference check and a satisfactory criminal history records check/background investigation. A background check will be for Volunteer Services purposes only and will be kept confidential.

Name (Please Print) Signature Date

If consent is given to perform a criminal records/background investigation, please provide the following:

DATE OF BIRTH: _____ SOCIAL SECURITY # _____

OFFICE USE ONLY

INTERVIEW BY _____ ASSIGNMENT GIVEN : _____

CORI START DATE: _____

TRIPLE I

REF CHECK by _____ TRAINING BY _____