



St. Joseph Police Department

Volunteer Application

Name _____

Last

First

MI

D.O.B.: _____ SSN: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Cell: _____

Current Employment: _____ Phone: _____

E-Mail: _____

Do you have a criminal record, other than minor traffic violations? No__Yes__ (explain)

Do you possess a valid driver's license? YES NO

Drivers License Number: _____

List any skills you have that you believe would be beneficial to this program.
(computer skills, foreign language, police training, ect.)

Office Skills: Typing _____ WPM

List software you are proficient with: _____

List previous volunteer experience: _____

Do you possess any professional certificates or licenses: YES NO

If yes explain: _____

Do you have any relatives working for the City? YES NO

If yes, provide your relatives name and position: _____

References

Reference Type: Personal Professional

First Name _____ Last Name _____

Phone Number _____ E-mail _____

Address _____ City _____ State _____

References

Reference Type: Personal Professional

First Name _____ Last Name _____

Phone Number _____ E-mail _____

Address _____ City _____ State _____

How did you find out about the St. Joseph Police Department volunteer program?

- Police Department WEB site Cable TV-channel 19
 Advertisement Other _____

Criminal History Check

I, the undersigned, understand that by applying for the Volunteer Program, a criminal history check must first be completed. I, hereby give my permission for this criminal history check to be completed.

Print Name: _____ Signature: _____ Date: _____