

**Application for the position of:  
Anne Arundel County Reserve Officer  
Anne Arundel County Police Department  
(Non-paid Volunteer Position)**

Greetings,

Thank you for your interest in volunteering your time and talents in the Anne Arundel County Police Reserve Officer Program.

Please fill out the application in its entirety, as well as make sure it is legible. By filling out this application you explicitly understand that members of the Anne Arundel County Police Department will be conducting a background check utilizing the information that you provide.

It is understood that all information is correct and truthful and that any misrepresentation found will result in your being denied into the Anne Arundel County Police Reserve Officer Program.

Any questions may be referred to:

Reserve Executive Officer Bruce Petro  
410.222.0047  
[P96349@aacounty.org](mailto:P96349@aacounty.org)

Or

Pfc. James Shiloh  
Officer in Charge  
410.222.0042.  
[P91006@aacounty.org](mailto:P91006@aacounty.org)

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**PERSONAL INFORMATION**

\_\_\_\_\_  
Today's Date

NAME: \_\_\_\_\_  
Please Print: Last, First Middle

Address: \_\_\_\_\_  
Number Street City County State Zip code

\_\_\_\_\_  
Email Address

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Month/Day/Year

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Home Work Cell

Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female U.S. Citizen: \_\_\_\_\_ Yes \_\_\_\_\_ No

Drivers License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

In case of emergency, who would we notify?

Name: \_\_\_\_\_  
Last First Relationship

Address: \_\_\_\_\_  
Number Street City County State Zip code

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Home Work Cell

Reasoning for wanting to be an Anne Arundel County Reserve Officer:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Employment**

**Employment: List last three employers starting with the most recent**

**Name of Company: \_\_\_\_\_**

**Address: \_\_\_\_\_**

**Position/Title: \_\_\_\_\_ Years Employed: \_\_\_\_\_**

**Date Started: \_\_\_\_\_ Date Finished: \_\_\_\_\_**

**Reason for leaving: \_\_\_\_\_**

**Name of Company: \_\_\_\_\_**

**Address: \_\_\_\_\_**

**Position/Title: \_\_\_\_\_ Years Employed: \_\_\_\_\_**

**Date Started: \_\_\_\_\_ Date Finished: \_\_\_\_\_**

**Reason for leaving: \_\_\_\_\_**

**Name of Company: \_\_\_\_\_**

**Address: \_\_\_\_\_**

**Position/Title: \_\_\_\_\_ Years Employed: \_\_\_\_\_**

**Date Started: \_\_\_\_\_ Date Finished: \_\_\_\_\_**

**Reason for leaving: \_\_\_\_\_**

**Have you ever been fired by an employer? If yes, please explain: \_\_\_\_\_**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Education, Training and Certifications**

**Please list all education, trainings and certifications that you have acquired, whether they are current or not. If you have written documentation, please include copies with your application. (i.e.: diplomas, degrees, written certificates, letters of completion, etc)**

**If more space is needed, please list on the back of this page.**

**Education, Training/Certification:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Dates:** \_\_\_\_\_

**Education, Training/Certification:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Dates:** \_\_\_\_\_

**Education, Training/Certification:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Dates:** \_\_\_\_\_

**Education, Training/Certification:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Dates:** \_\_\_\_\_

**Education, Training/Certification:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Dates:** \_\_\_\_\_

**Education, Training/Certification:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Dates:** \_\_\_\_\_

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**Other talents, skills, hobbies (foreign language, computer skills, graphics, etc)**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**If your application is approved, what are your preferred hours to volunteer?**

Days             Evenings

**What location would you prefer to work in?**

Pasadena         Odenton

Brooklyn         Edgewater

**What is your means of transportation?** \_\_\_\_\_

**There are times that volunteering as an Anne Arundel County Reserve Officer is strenuous and physically demanding. Do you have any physical limitations or concerns we need to be aware of?**

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Responses to the following questions should not contain references to any previous or current medical conditions.

1. Other than those prescribed by a doctor, have you ever used, tried, or experimented with any type of drugs including narcotics, marijuana, or inhalants/propellants?      Yes                  No

Number of Times \_\_\_\_\_

Last time used: \_\_\_\_\_

2. Have you ever used the following:

- Marijuana and/or Hashish?    Yes                  No

How Often \_\_\_\_\_ Number of Times \_\_\_\_\_ Last Time Used \_\_\_\_\_

- Hallucinogenic (PCP, LSD, Psilocybin, Ecstasy, etc.?)      Yes                  No

How Often \_\_\_\_\_ Number of Times \_\_\_\_\_ Last Time Used \_\_\_\_\_

- Stimulants (Cocaine, Amphetamines, Methamphetamines, etc.?)      Yes      No

How Often \_\_\_\_\_ Number of Times \_\_\_\_\_ Last Time Used \_\_\_\_\_

- Barbiturates (Phenobarbital, Seconal, Amytal, Quaaludes, etc.?)      Yes                  No

How Often \_\_\_\_\_ Number of Times \_\_\_\_\_ Last Time Used \_\_\_\_\_

- Heroin    Yes      No

How Often \_\_\_\_\_ Number of Times \_\_\_\_\_ Last Time Used \_\_\_\_\_

- Inhalants (Rush, Glue, Nitrous Oxide, Etc.?)    Yes      No

How Often \_\_\_\_\_ Number of Times \_\_\_\_\_ Last Time Used \_\_\_\_\_

3. Have you ever illegally obtained prescription drugs?

If yes, explain:

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4. Have you ever participated in the distribution or sales of prescription/non-prescription or illegal drugs, including those previously mentioned? Yes                  No

If yes, explain:

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5. Have you ever stolen anything (including from employers, shoplifting, buying or receiving stolen goods, or stolen from another person)? Yes                  No

If yes, indicate the **item(s), value, and date:**

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**ANNE ARUNDEL COUNTY POLICE DEPARTMENT  
CRIME PREVENTION UNIT  
MILLERSVILLE, MARYLAND  
REQUEST FOR RECORDS CHECK**

To: Central Records / Criminal History

Please check the following individual through our in-house files, NCIC, and MILES for a criminal record, or report as a victim, witness, suspect, or complainant, and forward any such record / reports found to Pfc. James McDermott in the Crime Prevention Unit.

Date of request: \_\_\_\_\_ Purpose: Reserve Officer Program  
Investigator: PFC. Shiloh ID#: 1006

\_\_\_\_\_  
Last name First Middle

\_\_\_\_\_  
Maiden name

\_\_\_\_\_  
Aliases / Other names used

\_\_\_\_\_  
Address / Zip Code

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Hgt: \_\_\_\_\_ Wgt: \_\_\_\_\_ Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_ DOB: \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_

Telephone numbers Birthplace

\_\_\_\_\_  
SSN Driver's License Number / State

\_\_\_\_\_  
Scars / Marks / Tattoo's etc.

\_\_\_\_\_  
Employer's Name / Address Occupation

\_\_\_\_\_  
Photographed: Yes No Fingerprinted: Yes No