

**Anne Arundel County
Police Department
VOLUNTEER APPLICATION**

NAME: _____
Last
First
Middle
(Maiden Name)

ADDRESS: _____
Number and Street (Apt. No.)
City
State
Zip Code

SOCIAL SECURITY NO: _____ TELEPHONE: Home _____
Work _____

SEX: Male Female U.S. CITIZEN: Yes No BIRTHDAY: _____

EMERGENCY CONTACT: _____
Name
Relationship
Telephone No.

EDUCATION:

List name and address of High School attended: _____

College/University Info.

Name and location of College, University or Professional School	Major and/or Degree	From (Mo./Yr.)	To (Mo./Yr)

Degree received: Yes No

If no, number of semester/credit hours completed _____

Other Training:

Name & location of Training	Subjects Studied:	Dates Attended	Years completed	Was course completed ?

Foreign Languages Spoken or Read: _____

Typing Speed: _____ WPM _____ Equipment Operated: _____

Driver's License Number (State of Issue) _____

LIST SPECIAL JOB-RELATED INTERESTS AND SKILLS (Your answers will help us identify the best assignment match).

PREVIOUS VOLUNTEER EXPERIENCE (include scouts, PTA, church, and extracurricular school activities)

To assist us with placement, please tell us briefly why you wish to volunteer with the Police Department.

When are you available to work? _____

Preferred hours: Days Evenings

Length of Commitment (e.g., 6 months, 1 year, summer only): _____

Location Preference: Millersville Pasadena Odenton Edgewater
 Crownsville Linthicum Davidsonville

Physical Limitations: _____

Means of Transportation: Private Vehicle Public Transportation

Are you presently employed? Yes No Hours/Week: _____

Employment History

Name & Address of Employer	Position	From To	Reason for leaving

Military Service: P eriod of service: _____ Branch: _____

Rank: _____ Specialty: _____

Have you ever been arrested or charged with a crime? Yes No

If yes, please explain: _____

References:

Name and address	Telephone Number	Years Known
1)		
2)		
3)		

How did you hear about our program? _____

Do you object to (1 a background investigation? Yes No

(2) your photograph on record? Yes No

AUTHORIZATION FOR RELEASE OF INFORMATION AND STATEMENT OF CONSENT

I, _____ do hereby authorize a review of all records, or any part thereof, concerning myself, by and to a duly authorized agent of the Anne Arundel County Police Department, whether the said records are public or private, and including those that may be deemed to be of a privileged or confidential nature. I understand that should any statement I have made prove to be false, misleading or erroneous it may result in rejection of my application or discharge from Volunteer Services.

Signature: _____ Date _____