

Volunteers in Police Service

Volunteers in Police Service Program Application

Date: _____

1. Name: _____

Address: _____

Telephone Number: _____(Day) _____(Evening)

Cell: _____ (Optional) Date of Birth: _____

2. Do you have any special skills? (Example: computer, typing, etc.)

3. What do you feel your current physical condition is?

_____ Good _____ Fair _____ Poor

4. Are there any medical/physical restrictions or conditions we need to be aware of?

If so, please explain. _____

5. When are you available to volunteer?

_____ Weekdays Which Day(s) _____

Which hours are you available to volunteer?

Specific Hours: _____ Flexible: _____

Special Events: _____

Other _____