

CLEARWATER POLICE DEPARTMENT  
VOLUNTEER PROGRAM  
APPLICATION

PERSONAL INFORMATION

PRINT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

HOME TELEPHONE: \_\_\_\_\_

CELL TELEPHONE: \_\_\_\_\_

WORK TELEPHONE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

SOCIAL SECURITY: \_\_\_\_-\_\_\_\_-\_\_\_\_

GENDER:  FEMALE  MALE

RACE: \_\_\_\_\_

DO YOU POSSESS A VALID FLORIDA DRIVERS LICENSE?  YES  NO

DRIVERS LICENSE OR ID NUMBER: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

DRIVING PRIVILEGE EVER BEEN SUSPENDED OR REVOKED?  YES  NO

IF YES - WHEN, WHY AND

WHERE: \_\_\_\_\_

HAVE YOU EVER BEEN ARRESTED, CONVICTED, LEGAL PROCESS, ETC.:  YES

NO

IF YES - WHAT WAS THE EXACT CHARGE(S), DATE(S) OF OCCURRENCE, AND LOCATION(S): \_\_\_\_\_

PAST WORK EXPERIENCE

EMPLOYER: \_\_\_\_\_

DATES OF EMPLOYMENT: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_

(List additional employment on back of Page 2)

**EDUCATION**

HIGH SCHOOL: \_\_\_\_\_ DATE GRADUATED: \_\_\_\_\_

COLLEGE: \_\_\_\_\_ DATE GRADUATED: \_\_\_\_\_

FOREIGN LANGUAGES SPOKEN: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

PHONE #: \_\_\_\_\_

**REFERENCE #1**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

PHONE # \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

**REFERENCE #2**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

PHONE # \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

**INTERESTS / AVAILABILITY (PLEASE CHECK ALL APPLICABLE RESPONSES)**

<input type="checkbox"/> GENERAL ADMINISTRATIVE	<input type="checkbox"/> DATA INPUT (Computer Skills Req.)	<input type="checkbox"/> PATROL: (City-Wide including beach)	
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AVAILABILITY: 4 HRS PER WEEK?  YES  NO / SUN - FRI?  YES  NO

I understand that my volunteer work for the Clearwater Police Department will be contingent upon the results of a complete background investigation. Any omission, falsification, misstatement, or misrepresentation will be the basis for my disqualification as a volunteer applicant.

SIGNATURE: \_\_\_\_\_ Date \_\_\_\_\_

*Mail to: Police Volunteer Liaison, 645 Pierce St. Clearwater, FL 33756*