

# GRAND ISLAND POLICE DEPARTMENT

Volunteer Application



## APPLICANT INFORMATION (PLEASE PRINT)

Date:	Date of Birth:	
Last Name:	First:	M.I.:
Street Address		
City:	State:	Zip:
Other names used:		
Home Phone:	Cell Phone:	Email address:

## EDUCATION

Please circle the highest level of education completed.

High School 1 2 3 4

College 1 2 3 4 5 6 7 8

Degrees or certificates earned:

Do you speak or read a foreign language? YES NO If so, which one(s)?

## EMPLOYMENT HISTORY

Presently employed: Yes No Retired

Current or most recent employer:

Address: Dates Employed:

Supervisor's name: Phone: May we contact?

Position and Primary Duties:

## VOLUNTEER HISTORY

Organization: Dates: Supervisor:

Position and Duties:

Organization: Dates: Supervisor:

Position and Duties:



**REFERENCES:**

DO NOT USE FAMILY MEMBERS. List 3 individuals you have known for at least 5 years. Please list name, complete address and phone number.

Full Name	Relationship
Address	Phone (     )
City, State, Zip	
Full Name	Relationship
Address	Phone (     )
City, State, Zip	
Full Name	Relationship
Address	Phone (     )
City, State, Zip	

**DISCLAIMER AND SIGNATURE**

I hereby authorize any city, county, state, former employer, or any other to furnish to any member of the Grand Island Police Department any information considered necessary for the purpose of processing this questionnaire. A copy of this authorization shall be considered as valid as the original. I consent to the Grand Island Police Department performing a background check into my history, and waive any right to privacy I may have in such information for the limited purpose of the Grand Island Police Department considering it for determining my suitability as a volunteer.

Signature	Date
-----------	------