APPLICATION FOR TRAIL WATCH VOLUNTEER

* DATE	
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PERSONAL INFORMATION

¥ <u>name:</u>	DATE OF BIRTH:
¥ADDRESS:	
¥HOME PHONE #	₹CELL#
¥WORK PHONE #	*E-MAIL!
*SOCIAL SECURITY#	
⊁Do you have a valid drivers license? YE If yes, license number	
Do you have transportation? YE	SNO-
How many hours could you work weekly?	
Possible days and hours you could be availa	ble?
Have you ever been convicted of a felony?	YES NO
CURRENT EMPLOYMENT REFEREN	
ADDRESS:	
PHONE:	
DATES EMPLOYED FROM:	то:
JOB TITLE & DESCRIPTION OF DUTIE	

PERSONAL REFERENCES

1.	•	
	NAME	ADDRESS
######################################	PHONE	
2	NAME	ADDRESS
<u></u>	PHONE	and the state of t
3.	6 9	
	NAME	ADDRESS
	PHONE	
PRE	VIOUS VOLUNTEER WORK	
1		
2		
3	tr.	
Why	are you interested in volunteering	for the Trail Watch Program?
	1	
best o	of my knowledge. I give permissi blete a background check on me th	re in this application is complete and true to the ion to the St. Joseph Police Department to arough the Law Enforcement Information Network, because I listed on this application.
	SIGNATURE	DATE