



**CITY OF BILLINGS  
POLICE DEPARTMENT**

220 North 27<sup>th</sup> Street  
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**BILLINGS POLICE DEPARTMENT  
VOLUNTEER APPLICATION**

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

Name: \_\_\_\_\_

Last

First

Middle

Address: \_\_\_\_\_

Number

Street

Apt. #

City

State Zip

Home Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Social Security Number \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Bus Ph: \_\_\_\_\_

Please list other names, if any, used on employment or education records: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Phone \_\_\_\_\_

Please list special skills, interests, and/or hobbies you have: \_\_\_\_\_

List your current or previous experience with organizations, civic groups and clubs: \_\_\_\_\_

List all previous volunteer experiences: \_\_\_\_\_

Please list three references (only one maybe related to you)

Name	Address	Phone Number

Have you ever been arrested and/or convicted of a crime? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, for what? \_\_\_\_\_

Where? \_\_\_\_\_ When? \_\_\_\_\_

1. As an applicant for a volunteer position with the City of Billings Police Department, I hereby expressly authorize release of any information you, as a reference, may have concerning me, including information of a confidential or privileged nature. I hereby release any organization, company, institution or person furnishing the information requested. I authorize the use of duplicated copies of this document to serve as the original.
  
2. For the purpose of in-house security, I consent to a criminal history check and background investigation prior to employment.
  
3. I certify that the foregoing answers, and all supplement documents, are correct and that false information may result in denial and/or dismissal. If offered a volunteer position, I will abide by the City's Policies, Practices and Procedures.

The City of Billings Police Department reserves the right to refuse services based on objective criteria other than the following: gender, race, religion, sexual orientation, and familial status.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

.....  
(FOR OFFICE USE ONLY)

Records Check Run: \_\_\_\_\_ Date: \_\_\_\_\_ References Checked: \_\_\_\_\_ Date: \_\_\_\_\_

Interview: \_\_\_\_\_ Date: \_\_\_\_\_

# *Billings Police Department*

## **Animal Shelter Application Addendum**

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

Tell us about the pets that are currently living in your home? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List all previous volunteer experiences, and specify any that were animal related. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If yes, please list organization(s).

\_\_\_\_\_  
\_\_\_\_\_

Do you have any special skills that can be beneficial to the BPD Animal Shelter?

\_\_\_\_\_  
\_\_\_\_\_

Shelter duties most interested in: \_\_\_\_\_

Any allergies, physical disabilities, or other limitations which may require accommodation or restrict volunteer experience?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other than a love for animals, what are you hoping to gain as a result of volunteering with the Billings Police Department Animal Shelter? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Volunteer's Signature

\_\_\_\_\_  
Volunteer Coordinator's Signature

Date \_\_\_\_\_

Date \_\_\_\_\_