

**VOLUNTEERS
IN
POLICING**



Chandler Police Department
250 E. Chicago Street
Chandler, AZ 85225

Date: _____

Volunteer Application

Name: _____ Are you over 21 years of age? Yes ___ No ___

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone (Day) _____ (Evening) _____

E-mail address _____

Driver's License Number: _____ State _____

Education: (Circle Highest Grade Completed)

High School 1 2 3 4 College 1 2 3 4 5 6 7 8

Other: (Explain) _____

Degrees/Certificates Earned: _____

Current Employer: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Your Title: _____

May we contact your employer for a reference: Yes _____ No _____

How did you hear about the *Volunteers in Policing* program?

Areas of interest: (Circle all that apply)

*Motorist Assist Aide

*Victims Services

*Fingerprint Tech

*Clerical/Office Support

*Radar trailer

*Police Records Assistant

*Other _____

Personal Interests and/or special talents:

Tell us a little bit about yourself. Your friends or associates would describe you as:

Please list any volunteer experience, community activities, training workshops, internships, and special areas of study or research:

Reason for volunteering with the Chandler Police Department: (Explain briefly)

Please return application to:

Chandler Police Department
Attn: Dorin O'Hara, Community Outreach Coordinator
Mail Stop 303
PO Box 4008
Chandler, AZ 85244-4008

Or fax to 480-782-4545
Attn: Dorin O'Hara

