

CLEARWATER POLICE DEPARTMENT VOLUNTEER PROGRAM APPLICATION

PERSONAL INFORMATION

NAME: _____

HOME ADDRESS: _____

CITY: _____ **STATE** _____ **ZIP** _____

HOME TELEPHONE: _____ **WORK TELEPHONE:** _____

DATE OF BIRTH: ____/____/____ **SOCIAL SECURITY:** ____-____-____

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: **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** ____/____/____

REASON FOR LEAVING: _____

EMPLOYER: _____

DATES OF EMPLOYMENT: ____/____/____ **TO** ____/____/____

REASON FOR LEAVING: _____

EDUCATION

HIGH SCHOOL: _____ **DATE GRADUATED:** _____

COLLEGE: _____ **DATE GRADUATED:** _____

EMERGENCY CONTACT INFORMATION

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

INTERESTS (PLEASE CHECK ALL APPLICABLE RESPONSES)

<input type="checkbox"/> ADMINISTRATIVE	<input type="checkbox"/> PARK PATROL	<input type="checkbox"/> SAND KEY PATROL*	<input type="checkbox"/> PARKING ENFORCEMENT
<input type="checkbox"/> ON CALL**			

*MUST BE A RESIDENT OF SAND KEY

**IDENTIFY SPECIAL SKILLS (TRANSLATOR, ETC.)

SIGNATURE: _____