



COLORADO SPRINGS POLICE DEPARTMENT

P. O. Box 2169

Colorado Springs, CO 80901

VOLUNTEER REFERENCE CHECK

(Print Applicant's Name) \_\_\_\_\_
has applied to become a volunteer with the Colorado Springs Police Department and has given your name as a reference. Please answer the following questions and return this form in the enclosed envelope. (The Release of Information at the bottom of this form.) The information you give will remain confidential. Your promptness in returning this form will expedite the process for the applicant to become a volunteer with the Colorado Springs Police Department.

- 1. How do you know the applicant? ( ) Spouse/Significant Other ( ) Friend ( ) Co-Worker ( ) Relative ( ) Employer ( ) Acquaintance ( ) Other (Describe)
2. Approximately how many ( ) Years ( ) Months ( ) Weeks have you known the applicant?
3. Do you know of anything that might preclude the applicant from working with a law enforcement agency? ( ) Yes ( ) No If yes, please explain.
4. Describe the strengths the applicant would bring to the Police Department?

5. Would you recommend the applicant as a volunteer with the Colorado Springs Police Department? ( ) Yes ( ) No Indicate why or why not.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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To \_\_\_\_\_
(Print Reference's Name)

I request and authorize you to furnish the Colorado Springs Police Department with the above requested information. This information will be used in determining my qualifications and fitness for the volunteer position I am seeking. I hereby release you from any liability or damage that may result from furnishing such information.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_