



# Delray Beach Police Department

300 West Atlantic Avenue • Delray Beach, Florida 33444-3695  
(561) 243-7888 Fax (561) 243-7816



## VOLUNTEER APPLICATION

NAME: \_\_\_\_\_ SOC.SEC.# \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE#: \_\_\_\_\_ AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

FLORIDA DRIVERS LICENSE#: \_\_\_\_\_

ARE YOU CURRENTLY EMPLOYED ? \_\_\_\_\_

ARE YOU CURRENTLY A VOLUNTEER IN ANOTHER DELRAY BEACH POLICE PROGRAM OR A VOLUNTEER PROGRAM IN ANOTHER CITY?  
YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, FOR WHOM AND WHAT AREA? \_\_\_\_\_

ARE YOU A PART TIME RESIDENT OF DELRAY BEACH ? YES \_\_\_\_\_ NO \_\_\_\_\_

DO YOU HAVE ANY PHYSICAL CONDITION THAT WOULD PREVENT YOU FROM PERFORMING YOUR WORK AS A VOLUNTEER? YES \_\_\_\_\_ NO \_\_\_\_\_  
IF YES, PLEASE EXPLAIN: \_\_\_\_\_

EMERGENCY CONTACT: NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

HAVE YOU EVER BEEN ARRESTED OR CONVICTED OF A FELONY?  
YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES PLEASE EXPLAIN: \_\_\_\_\_

SHIRT SIZE: S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_ XXL \_\_\_\_\_

ARE YOU A GRADUATE OF THE DELRAY BEACH POLICE DEPARTMENTS CITIZENS POLICE ACADEMY? YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, WHAT CLASS ? \_\_\_\_\_

certification: I hereby certify that all statements on this application are true to the best of my knowledge. I also give the Delray Beach Police Department full permission to make any and all inquiries into to my personal and business affairs as well as criminal history and driving record, or anything else deemed necessary in the interest of the Department and my appointment therein:

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

DELRAY BEACH POLICE DEPARTMENT  
VOLUNTEER MARINE PATROL  
INFORMATION

\_\_\_\_\_ CHECK IF CREW MEMBER ONLY

Are you a Boat Owner? Yes \_\_\_\_\_ No \_\_\_\_\_

What Size Boat? \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Power Train? \_\_\_\_\_ Florida Reg. Number \_\_\_\_\_

Boat Insured By: \_\_\_\_\_ Policy No. \_\_\_\_\_

TRAINING/EXPERIENCE/LICENSE

U.S.C.G. Captain? \_\_\_\_\_ License No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

U.S.C.G. Auxiliary? \_\_\_\_\_ When? \_\_\_\_\_ Where? \_\_\_\_\_

Power Squadron? \_\_\_\_\_ When? \_\_\_\_\_ Where? \_\_\_\_\_

If none of the above, state your boating experience by years, waters, vessels,  
ect. \_\_\_\_\_

Hours that you are available for Marine Patrol duty? \_\_\_\_\_

Are you currently taking any medications that could effect the performance of  
your job with the volunteer marine patrol ? If yes, please  
explain \_\_\_\_\_

**NOTE:** All new members have a 6 month probation period from the date of  
this application. All training sessions, meetings, and work  
assignments must be fulfilled to prevent termination from this  
program.