

# DUPAGE COUNTY SHERIFF'S OFFICE

## VOLUNTEER APPLICATION

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

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

PLEASE PRINT CLEARLY

Drivers License Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Are you presently employed? \_\_\_\_\_ Full or Part Time? \_\_\_\_\_

If so, Name & Address of Employer: \_\_\_\_\_

\_\_\_\_\_

### References:

1. Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

2. Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Special Interests and Skills: \_\_\_\_\_

\_\_\_\_\_

How often are you available to work? \_\_\_\_\_

Do you have a specific area you would like to work in? \_\_\_\_\_

(Patrol, Detectives, Computers, Jail, Filing)

In emergency, please contact: Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Please complete and return to:

Sgt. Paul Stelter  
DuPage County Sheriff's Office  
501 North County Farm Rd.  
Wheaton, IL 60187  
(630) 682-7790

**APPROVAL FOR BACKGROUND INVESTIGATION,  
CRIMINAL HISTORY AND DRIVERS LICENSE CHECK**

As a volunteer for the County of DuPage, I realize that a background investigation, criminal history, and drivers license check will be done before I can begin to work. I hereby authorize the DuPage County Sheriff's Office to search any law enforcement database to conduct it.

List ALL names you have ever used including maiden name:

Name: \_\_\_\_\_  
(PRINT)      LAST,                      FIRST                      MIDDLE

Name: \_\_\_\_\_  
(PRINT)      LAST,                      FIRST                      MIDDLE

Name: \_\_\_\_\_  
(PRINT)      LAST,                      FIRST                      MIDDLE

Address: \_\_\_\_\_ Apt.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Soc. Sec. # \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Drivers License Number: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Position Volunteering for: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Witness: \_\_\_\_\_

Sign

Print