



LOWELL POLICE DEPARTMENT
50 ARCAND DRIVE
LOWELL, MASSACHUSETTS 01852-1096

Edward F. Davis III
Superintendent

Telephone (978) 937-3225
FAX (978) 970-0455

Volunteer/Intern Application

As a candidate for a volunteer position with the Lowell Police Department, I am willing to furnish information for use in determining my qualifications. I authorize release of any and all information that you may have concerning me, including information of a confidential or privileged nature. I understand that for security purposes a basic background check will be conducted to determine eligibility.

PLEASE PRINT CLEARLY. IT IS IMPORTANT THAT YOU ANSWER ALL QUESTIONS ON THIS APPLICATION FULLY AND ACCURATELY.

Please check one: Community Volunteer [] Internship [] Transitional Assistance []

PERSONAL DATA

Name: _____
Last First Middle

Address: _____
Number Street City

_____ State Zip Code How Long?

Home Phone: _____ Work Phone: _____ Ext. _____ Fax: _____

Cell Phone: _____ E-mail Address: _____

Date of Birth: _____ Place of Birth: _____

Social Security Number: _____ Driver's License Number: _____

Please list any other names you have used: _____

Please list any languages, other than English, which you speak or write fluently:

Previous addresses for the past three years:

_____ Street City State How Long

_____ Street City State How Long

EDUCATION

_____ 1 2 3 4 _____
High School Grade Completed Year

_____ 1 2 3 4 _____
College Grade Completed Year

_____ Degree(s) Earned _____ Major(s) _____ Minor(s)

List any certifications: _____

MILITARY SERVICE

_____ Branch _____ Dates of Service

EMPLOYMENT HISTORY

Present Employer: _____

Address: _____
Street City/State Zip Code

Supervisor's Name: _____ Telephone #: _____

Job Duties: _____ Employment Date: _____

Past Employer: _____

Address: _____
Street City/State Zip Code

Supervisor's Name: _____ Telephone #: _____

Job Duties: _____ Employment Date: _____

Have you ever applied for a position in law enforcement? _____

Please list any misdemeanor, arrests or convictions: _____

LOCAL CHARACTER REFERENCES

(1) Name _____ Telephone # _____

Address _____
Street City/Town ZIP code

(2) Name _____ Telephone # _____

Address _____
Street City/Town ZIP code

What days/hours would you be available? _____

Please list any special skills, training, interests or hobbies that may be useful to the Lowell Police Department:

Person to be notified in case of emergency: _____

Home Phone: _____ Work Phone: _____ Relationship: _____

Where did you learn of the LPD Volunteer Program? _____

Why do you wish to volunteer with the Lowell Police Department? _____

I hereby certify that all statements made in this application are true and I authorize investigation of all matters contained in this application. I acknowledge that any false statements or misrepresentations, either verbal or written, will be cause for refusal of placement or immediate dismissal.

Signature: _____ Date: _____

Please return application to the Volunteer Coordinator, Lowell Police Department. 50 Arcand Drive, Lowell, MA 01852. If you have any questions, please call Community Services (978) 937-3210.