



# SPRINGFIELD POLICE DEPARTMENT

## VOLUNTEER APPLICATION



**Please contact the Volunteer Coordinator at 417-864-1351 with any questions.**

All requested information must be furnished. The information you provide will determine whether you are eligible for the position. All information on the volunteer applications is subject to verification. Any omission, misstatement or falsifications may be cause for rejection of this volunteer application. **Date of Birth and Social Security Number are required for a Criminal History Check.**

**PLEASE TYPE OR PRINT LEGIBLY IN INK.**

GENERAL INFORMATION			
Last Name:	First Name:	Middle Initial:	
Address: (Street, City, State, Zip)			
Age:	Date of Birth:	Place of Birth:	Social Security Number:
Drivers License State and Number: <input type="checkbox"/> N/A		Do you have a Commercial Drivers License? If "YES" list any CDL Endorsements. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Home Phone: * <input type="checkbox"/>		Work Phone: (Optional) * <input type="checkbox"/>	Cell/Message: * <input type="checkbox"/>
Email Address:			*Please check best contact number.

VOLUNTEER INTERESTS AND AVAILABILITY						
What type of volunteer work do you desire and how many hours per week would you like to volunteer?						
Specify hours available for each day of the week:						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Where did you first learn about this volunteer opportunity?						
<input type="checkbox"/> Springfield Police Department Website <input type="checkbox"/> In person at the Springfield Police Department <input type="checkbox"/> Contact with a Springfield Police Officer or other department employee <input type="checkbox"/> High School / College Advisor or Career Placement Center (Please Identify) _____ <input type="checkbox"/> Job Fair (Please Identify) _____ <input type="checkbox"/> Newspaper: (Please Identify) _____ <input type="checkbox"/> Other: _____						
Why do you want to volunteer and what do you want to gain from this volunteer experience?						

## EDUCATION

Do you possess a  GED,  High School Diploma, or  College Degree? (check all that apply)

Where did you receive your GED or High School Diploma from? \_\_\_\_\_

Where did you receive your College Degree from? \_\_\_\_\_

Are you currently enrolled in school?  Yes  No

If "Yes" identify:  High School  College  GED program --  Full Time or  Part Time

Name and location (City/State) of institution: \_\_\_\_\_

If you are currently enrolled in school, list major course work and number of credit hours you have completed towards your diploma/degree:

## SKILLS AND TRAINING

List all foreign or sign languages in which you are fluent:

Are you proficient with a computer?  Yes  No

If "YES" please identify computer software you have used in the past.

List any Professional Certifications or Licenses you have obtained:

List all clubs, groups associations, or organizations that you belong or have had an affiliation with. Exclude those that would indicate race, religion, color, sex or national origin.

## EMPLOYMENT HISTORY

Which of the following currently apply to you? (select all that apply)

Unemployed  
  Employed Full Time  
  Employed Part Time  
  Retired  
  Other: (please Identify) \_\_\_\_\_

**Begin with your present or most recent position. List all jobs held over the last ten years. Your qualifications will be evaluated on the information provided. You may attach a separate sheet if additional space is needed, or to include applicable experience prior to ten years ago.**

Employer Name:	Name of Supervisor:	Beginning Date (Mo/Yr)	Ending Date (Mo/Yr)
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Address:	Phone Number:
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List All Positions Held and the Primary Duties for the Position:

Reason for leaving:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Employer Name:	Name of Supervisor:	Beginning Date (Mo/Yr)	Ending Date (Mo/Yr)
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Address:	Phone Number:
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List All Positions Held and the Primary Duties for the Position:

Reason for leaving:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Employer Name:	Name of Supervisor:	Beginning Date (Mo/Yr)	Ending Date (Mo/Yr)
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Address:	Phone Number:
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List All Positions Held and the Primary Duties for the Position:

Reason for leaving:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Employer Name:	Name of Supervisor:	Beginning Date (Mo/Yr)	Ending Date (Mo/Yr)
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Address:	Phone Number:
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List All Positions Held and the Primary Duties for the Position:

Reason for leaving:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Employer Name:	Name of Supervisor:	Beginning Date (Mo/Yr)	Ending Date (Mo/Yr)
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Address:	Phone Number:
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List All Positions Held and the Primary Duties for the Position:

Reason for leaving:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
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## VOLUNTEER EXPERIENCE

List all volunteer positions held, over the last ten years. You may attach a separate sheet if additional space is needed.

Agency Name:	Name of Supervisor:	Beginning Date (Mo/Yr)	Ending Date (Mo/Yr)
Address:		Phone Number:	
List All Positions Held and the Primary Duties for the Position:			
Reason for leaving:		May we contact this agency? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Agency Name:	Name of Supervisor:	Beginning Date (Mo/Yr)	Ending Date (Mo/Yr)
Address:		Phone Number:	
List All Positions Held and the Primary Duties for the Position:			
Reason for leaving:		May we contact this agency? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Agency Name:	Name of Supervisor:	Beginning Date (Mo/Yr)	Ending Date (Mo/Yr)
Address:		Phone Number:	
List All Positions Held and the Primary Duties for the Position:			
Reason for leaving:		May we contact this agency? <input type="checkbox"/> Yes <input type="checkbox"/> No	

## REFERENCES

List three individuals who have knowledge of your character: Excluding all relatives and former employers.

Name:			Phone:
Address:			Email:
City:	State:	Zip:	Number of years known:
Name:			Phone:
Address:			Email:
City:	State:	Zip:	Number of years known:
Name:			Phone:
Address:			Email:
City:	State:	Zip:	Number of years known:

## DRIVING HISTORY

Have you ever had a Driver's License cancelled, refused, revoked or suspended?  Yes  No  
 If "Yes"; explain in detail, including dates and circumstances. (attach a separate sheet if additional space is needed)

Have you ever had your driving privileges suspended?  Yes  No  
 If "Yes"; explain in detail, including dates and circumstances. (attach a separate sheet if additional space is needed)

Have you ever attended a driver improvement school?  Yes  No  
 If "Yes"; explain in detail, including dates and circumstances. (attach a separate sheet if additional space is needed)

List ALL traffic summons, tickets, or citations you have received in the past 5 years, regardless of disposition, i.e. Expunged etc, in chronological order beginning with the most recent. (Attach a separate sheet if additional space is needed):

Date:		Charge:	
Agency:		City/State:	
Court where filed:		Disposition:	
Date:		Charge:	
Agency:		City/State:	
Court where filed:		Disposition:	
Date:		Charge:	
Agency:		City/State:	
Court where filed:		Disposition:	
Date:		Charge:	
Agency:		City/State:	
Court where filed:		Disposition:	

**LAW ENFORCEMENT CONTACTS**

List ALL official contact you have had with any law enforcement agency or court system. This includes municipal, county, state, and federal agencies or court systems, as well as military courts, military police and military investigative units, including any judicial or non-judicial action in the military. List all incidents where you were questioned, warned, issued a summons, detained, arrested, or convicted. This includes all infractions, ordinance violations, misdemeanors and felonies. Do not include traffic violations covered previously (attach a separate sheet if additional space is needed).

Name of Agency or Court, include the location of the Agency or Court (City and State):

Date and Reason of Contact:

Charge (if any):

Sentence (if any):

Disposition of Incident:

Name of Agency or Court, include the location of the Agency or Court (City and State):

Date and Reason of Contact:

Charge (if any):

Sentence (if any):

Disposition of Incident:

Name of Agency or Court, include the location of the Agency or Court (City and State):

Date and Reason of Contact:

Charge (if any):

Sentence (if any):

Disposition of Incident:

List any friends, associates or relatives, past and present, which have been convicted of a felony or participated in a criminal act. Give a brief explanation of your relationship to the person and the criminal activity in which they are or were involved:

I certify that this application contains no misrepresentations or falsifications, omissions, or concealment of material fact and that all information given by me is true and completed to the best of my knowledge and belief. I am aware that statements made by me on this application are subject to later investigation. I understand that any false or misleading information given in my application or interview may result in forfeiture of eligibility to participate in the Volunteer in Police Services program.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_