

MERIDIAN POLICE DEPARTMENT
VOLUNTEER APPLICATION

MR. MRS. MS.

NAME _____

(Print) Last First Middle initial

ADDRESS _____

Street City/State Zip

HOW LONG AT ADDRESS? _____ IDAHO RESIDENT ___ YES ___ NO

HOME PHONE _____ WORK PHONE _____

DATE OF BIRTH _____ SS# _____

E-MAIL ADDRESS _____

DRIVERS LICENSE NUMBER _____ STATE: _____ EXP _____

DRIVERS LICENSE EVER SUSPENDED? ___ YES ___ NO

IF YES, EXPLAIN:

HAVE YOU EVER BEEN CHARGED WITH A FELONY CRIME? ___ YES ___ NO

Please list date / location / crime:

HAVE YOU EVER BEEN CHARGED WITH A MISDEMEANOR CRIME WITHIN
THE LAST 7 YEARS? ___ YES ___ NO

Please list date / location / crime:

PLACE OF CURRENT
EMPLOYMENT _____ TITLE _____

EMPLOYMENT ADDRESS _____

SUPERVISOR _____ PHONE _____

1. Do you now belong to or have you ever been a member of any group whose aim was to discriminate against any person because of their race, sex, nationality, or religious affiliations? If Yes, explain _____

Indicate type of license / permit such as pilot, radio operator, CCW, etc., showing licensing authority, where the license was first issued, and date current license expires.

Special skills and interests, or qualifications:

What are your volunteer interests:

- Dog Adoption _____
- Clerical _____
- Bicycle registration _____
- Child Safety seat technician _____
- Sub station or kiosk duty _____
- Crime Prevention _____
- Crime Stoppers _____

References: Please list three references and contact information

1. _____
2. _____
3. _____

Signature: By signing this application you certify that all of the information that you have listed is accurate. Also, the failure to disclose information fully in the volunteer application will be considered grounds for not being considered for the applied position.

Signature: _____ Date: _____