

Volunteer In Police Service Application

Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	
Soc. Sec. #	

Have you ever been convicted of a felony? Yes No If yes, note dates and disposition of case below:

(Please note: a conviction record will not necessarily disqualify an applicant. It will be considered as it relates to each volunteer position.)

Availability

During which hours are you available for volunteer assignments?

- Weekday mornings Weekend mornings
 Weekday afternoons Weekend afternoons
 Weekday evenings Weekend evenings

Interests

Tell us in which areas you are interested in volunteering

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Phone	

Date of Birth _____ Driver License # _____

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. By signing below, I knowingly and voluntarily agree that the City of Bridgeport, its representatives and/or agents are not responsible for any injuries I, or my minor child, may sustain while volunteering for *the City of Bridgeport*. This includes volunteering at all places of business owned and operated by the City of Bridgeport. By signing below, I agree that I am assuming this risk for myself and agree to hold harmless *the City of Bridgeport*, its representatives and/or agents.

I acknowledge that I am over 18 years of age, and that I am the person identified on this form. I further acknowledge that I fully understand the terms and conditions of volunteering for *the City of Bridgeport contained* hereinabove and, as evidenced by my signature and identifying information below, I agree to said terms and conditions.

Name (printed)	
Signature / Date	
Date of Birth / D.L.#	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.

References

Please list two responsible people who have knowledge of your character, experiences, and abilities.

Name _____

Address _____

Telephone _____ Occupation _____

Name _____

Address _____

Telephone _____ Occupation _____