

**CLEARWATER POLICE DEPARTMENT
VOLUNTEER PROGRAM
APPLICATION**

PERSONAL INFORMATION

PRINT NAME: _____

HOME ADDRESS: _____

E-MAIL ADDRESS: _____

CITY: _____ **STATE** _____ **ZIP** _____

HOME TELEPHONE: _____

WORK TELEPHONE: _____

DATE OF BIRTH: ____/____/____

SOCIAL SECURITY: ____ - ____ - ____

DO YOU POSSESS A VALID FLORIDA DRIVERS LICENSE? **YES** **NO**

DRIVERS LICENSE OR ID NUMBER: _____

EXPIRATION DATE: ____/____/____

DRIVING PRIVILEGE EVER BEEN SUSPENDED OR REVOKED? **YES** **NO**

**IF YES - WHEN, WHY AND
WHERE:** _____

HAVE YOU EVER BEEN ARRESTED, CONVICTED, LEGAL PROCESS, ETC.: **YES**
 NO

**IF YES - WHAT WAS THE EXACT CHARGE(S), DATE(S) OF OCCURRENCE, AND
LOCATION(S):** _____

PAST WORK EXPERIENCE

EMPLOYER: _____

DATES OF EMPLOYMENT: ____/____/____ **TO** ____/____/____

(List additional employment on Page 2)

EDUCATION

HIGH SCHOOL: _____ **DATE GRADUATED:** _____

COLLEGE: _____	DATE GRADUATED: _____		
EMERGENCY CONTACT INFORMATION			
NAME: _____			
ADDRESS: _____ City _____ State _____			
PHONE NUMBER: _____			
INTERESTS (PLEASE CHECK ALL APPLICABLE RESPONSES)			
<input type="checkbox"/> GENERAL ADMINISTRATIVE	<input type="checkbox"/> PATROL <i>Old CLW Bay/Crest Lake</i>	<input type="checkbox"/> BEACH PATROL	<input type="checkbox"/> Crime Analysis Unit (Computer Skills)

SIGNATURE: _____ **Date** _____

***** **USE THIS SPACE FOR ADDITIONAL INFORMATION** *****

- 1. List any specialized training, certifications and licenses. Specify dates, city, county and state where your training was completed and provide a short description of what it entailed.**

- 2. Are you fluent in any foreign languages? Specify which language(s).**

- 3. Additional Employment**

Mail application to: Police Volunteer Coordinator, 645 Pierce St. Clearwater, FL 33756