

Name: Last, First M.I.

CRYSTAL LAKE POLICE DEPARTMENT

VOLUNTEERS IN POLICE SERVICE APPLICATION



Date of Birth

Social Security

Please fill out completely or the application will not be processed. If any section does not apply to you, please indicate by writing "N/A". The Crystal Lake Police Dept. appreciates your interest in service and commends your spirit to volunteer.

(PLEASE PRINT)

Age

PERSONAL INFORMATION:

Home Address:	City	Zip	Place of Birth				
Home Phone:	Business Phone:	Other names	used:				
E-Mail Address:							
Previous Address(s): Last Five Ye	ears						
CRIMINAL HISTORY A	ND DRIVING RECORD:						
Illinois Drivers License Number							
Has your license ever been s	suspended or revoked: Yes N	O					
If yes, please explain:							
Have you ever been convicte	ed of a crime? Yes No						
If yes, please explain:							
Traffic citations and acciden	its for the past two years:						

REFERENCES:

References: DO NOT USE F						
individuals you have known for at least 5 years. (Please list name, complete address with zip code and telephone number.)						
Name Address Zip Code Phone #						
1.						
<u>2</u> .						
<u>3.</u>						
<u>-</u> <u>4.</u>						
<u>+.</u>						
EDUCATION BACKG	ROU	ND AND M	IILITARY	EXPERIENCE		
(Please circle highest gra			ο			
High School 1 2 3 4 Coll	iege i	2345678				
High School Attended:			College At	tended:		
Military Service Branch:]	Rank:		Time Served:	Date Discharged:	
EMPLOYMENT HIST	ORY	: (Please fil	l out compl	e tely) If you're retir	red, note: " N/A"	
Current Employer:		Occupat	ion:	From Date:	To Date:	
Business Address:			Phone Number:			
Employment for past five	e year	s (Please inc	clude firm na	ame, address, super	visor, dates):	
1.						
2.						
3.						
4.						
T.						

TELL US A LITTLE ABOUT YOU:					
What are your hobbies and In	terests?				
Please list any volunteer expestudy or research and internsh	erience, community activities, trai nips:	ning workshops, special areas of			
Do you prefer an office setting	g or a more active role?				
		Crystal Lake Police Department.			
(Use another sheet if necessar	ry) This question must be answer	red.			
AVAILABILITY:					
When are you available to wo	ork?				
Davis Arrailables					
Times Available:					
Number of Hours per Wee	k	_			
1					
EMERGENCY INFORMA	TION:				
In case of an emergency, plea	se notify:				
Name:					
Address:					
Relationship:	Day Phone Number:	Night Phone Number:			

TERMS AND SIGNATURE:

As a volunteer with the Crystal Lake Police Department, I am willing to furnish information for use in determining my qualifications.

I understand that for security reasons, a background/clearance/reference check will be conducted and I will be fingerprinted.

I understand that falsifying statements on this application, or during the interview process is cause for my immediate dismissal from the Volunteers in Police Service program.

I understand that the Crystal Lake Police Department will not disclose any of my information to any outside entity without my written consent.

I understand that the Crystal Lake Police Department will not have to disclose the reason, if any, for not being selected to the program.

In signing, I do hereby certify that all information contained in this application is correct and accurate to the best of my knowledge. I further authorize the Crystal Lake Police Department to verify criminal history and driving records, as well as, personal references, and employment history, as part of the background process. If accepted to perform volunteer duties for the Crystal Lake Police Department, I understand I may be privy to confidential information and promise to respect and maintain that confidentiality whenever presented with it.

presented with it.	
Signature:	Date:

Revision: 6/16/06