



Orem Department of Public Safety Volunteers in Police Service Application



Name: Last		First	Middle	Home #:	
Street Address		City		State	Zip Code
Birth Date:		Birth Place:		Social Security Number:	
Driver's License State:		Driver's License #:		Cell #:	
				Work #:	
AOL IM Name:		E-Mail Address:		Cell Phone Company:	

Experience You may attach a resume or other relevant documents to further describe your qualifications

Dates of employment		Title of Position			
Employer			Telephone Number		
Address		City	State	Zip code	
Supervisor		Reason for leaving			
Dates of employment		Title of Position			
Employer			Telephone Number		
Address		City	State	Zip Code	
Supervisor		Reason for leaving			
Dates of employment		Title of Position			
Employer			Telephone Number		
Address		City	State	Zip code	
Supervisor		Reason for leaving			
Please list any additional experience, skills or knowledge that you have. Include any foreign language skills.					

Have you ever been in the U. S. Armed Forces (include a copy of DD FORM 214)

No	Yes	Give Specific details of service(use additional paper if necessary)
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List all previous address for the past ten years. Begin with the most recent. Do not list P.O. Boxes. Include military and temporary addresses. Any gaps must be explained.

Date From:	To:	Address	Apt
City		State	Zip Code

Date From:	To:	Address	Apt
City		State	Zip Code

Date From:	To:	Address	Apt
City		State	Zip Code

Date From:	To:	Address	Apt
City		State	Zip Code

List two (2) work/ professional references

Name	Address City, State, Zip:	Telephone Number
Name	Address City, State, Zip:	Telephone Number

List two (2) personal (non-family) references

Name	Address City, State, Zip:	Telephone Number
Name	Address City, State, Zip:	Telephone Number

Have you ever been arrested or charged with any criminal violation in any jurisdiction?

No	Yes	Give specific details about all arrests (use additional paper if necessary)
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I do hereby certify that all information provided to be true and correct to the best of my knowledge. Further, I hereby grant my permission to have any information developed in the Police background investigation, including any criminal history information obtained, to be discussed with the Volunteers in Policing Executive Board to determine my eligibility for the program.

Applicant Signature _____ Date _____

If accepted into the program, what days and/or hours could you volunteer your time?
(Example: Mondays, 8 am to 1 PM, Thursdays, 5 PM to 10 PM)

Days	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours							