

# LONGMONT PUBLIC SAFETY SPECIAL EVENT VOLUNTEER

225 Kimbark Street, Longmont, Colorado 80501  
Public Safety Volunteer Coordinator 303.774.4440



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## Volunteer Application

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**DATE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**HOME ADDRESS:**  
\_\_\_\_\_

**CITY, STATE, ZIP:**  
\_\_\_\_\_

**BUSINESS ADDRESS:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **WORK PHONE:** \_\_\_\_\_

**OCCUPATION:** \_\_\_\_\_

**DRIVER'S LICENSE NUMBER:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ \*

**\* A COPY OF YOUR DRIVER'S LICENSE MUST BE ATTACHED**

**EXPIRATION DATE:** \_\_\_\_\_ **SOCIAL SECURITY NUMBER:** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**Volunteer position you are interested in:** \_\_\_\_\_  
\_\_\_\_\_

Name you would like volunteers and staff to call you: \_\_\_\_\_

Please indicate days/time you would be available to volunteer: \_\_\_\_\_  
\_\_\_\_\_

**List previous volunteer experience:**

<b>Activity</b>	<b>Agency</b>	<b>Dates</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

List your specific skills and talents that might be useful in your volunteer work:  
\_\_\_\_\_  
\_\_\_\_\_

**CIVIL LITIGATION**

Have you ever been the defendant of a lawsuit or received notice of claim to be sued? If yes, please explain:

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**DRUG USE**

Describe your use of any illegal drug AND/OR any drugs not prescribed by your physician and the date you last used:

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**AUTHORIZATION TO RELEASE INFORMATION  
AND CONFIDENTIALITY AGREEMENT:**

As a Volunteer with the Longmont Public Safety Department, I am willing to furnish information for use in determining my qualifications. I understand, for security reasons, a basic background clearance check will be conducted and I will be asked to provide fingerprint information. Further background information may be requested if a specific volunteer assignment calls for a full security check to include a polygraph or a Voice Stress Analyzer.

I understand that false statements on this application or during the interview process will be cause for immediate dismissal from this volunteer position with the Public Safety Department. I understand the Public Safety Department will not have to disclose the reason, if any, for not being selected as a volunteer for this 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 Public Safety Department to verify my criminal history and driving records as part of the background screening process.

If accepted as a volunteer for the Public Safety Department, I understand I may be privy to confidential information and agree to respect and maintain **ALL** confidential information whenever presented with it. No exceptions to this policy will be permitted.

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**Volunteer's Signature**

**Date**

**REFERENCES**

**Please give the name of three references who know your abilities and interests.**

**1. Personal Reference**

Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Describe how long you have known this person and what type of relationship you have with this person. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. Employer Reference:**

Name: \_\_\_\_\_  
Agency: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Describe your work assignments and length of time you served with this employer.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. Volunteer or Additional Personal Reference:**

Name: \_\_\_\_\_  
Agency: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Describe your volunteer assignments and length of time you served with this agency.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please return this application to:**

**Public Safety Department Volunteer Services  
Safety and Justice Center  
225 Kimbark Street  
Longmont, Colorado 80501.**

**If you have any questions regarding this application or the  
Volunteer Services Program, please call 303.774.4440  
Thank you for your interest!**