

LONGMONT POLICE SERVICES DIVISION

Safety & Justice Center, 225 Kimbark Street, Longmont, Colorado 80501

Public Safety Volunteers - 303-774-4440

Administration - 303-651-8890



Explorer Volunteer Application *

***Note: This form must be completely filled out.**

DATE: _____

NAME: _____ DATE OF BIRTH: _____

HOME ADDRESS: _____

CITY, STATE, ZIP:

YOUR CELL PHONE: _____

YOUR E-MAIL ADDRESS:

Include Parent or Guardian name and their email address:

PARENT / GUARDIAN CELL PHONE: _____

SCHOOL YOU ARE CURRENTLY ATTENDING AND GRADUATION DATE:

DRIVERS LICENSE NUMBER: _____ STATE: _____

***** (Must Provide a Copy of Driver's License If You Possess One)*****

HOW DID YOU HEAR ABOUT THE LONGMONT EXPLORER PROGRAM?:

ARE YOU AVAILABLE FOR MEETINGS/ TRAINING ON THURSDAY EVENINGS?:

Yes No

LIST PREVIOUS VOLUNTEER EXPERIENCE:

Activity	Organization	Dates

EDUCATION – SKILLS – ABILITIES

Type of Schools	Name, City, & State	Diploma, GED or Degree	
High School		Yes	No
College (Undergrad)		Yes	No
Trade School		Yes	No

CRIMINAL HISTORY

Have you ever been arrested, issued a summons, or notice to appear in court?

___ Yes ___ No ___

Have you ever been convicted of a misdemeanor? ___ Yes ___ No

Have you ever been convicted of a felony? ___ Yes ___ No

CURRENT AND PAST SCHOOLS: LIST ALL SCHOOLS ATTENDED AND THE DATES ATTENDED:

LIST YOUR SPECIFIC SKILLS AND TALENTS THAT MIGHT BE USEFUL IN YOUR LONGMONT POLICE DEPT. EXPLORER ACTIVITIES:

BILINGUAL SKILLS:

Verbal: _____

Written: _____

Work History

List below your complete work history starting with your present position and working backwards through your past two work experiences. **Include volunteer work, if applicable.** This section must be filed in completely, even if a resume is attached.

<p>(1) Present or last employer: _____ From month: _____ Year: _____ To month: _____ Year: _____ Address: _____ City _____ State: _____ Zip _____ Type of Business: _____ Telephone: _____ Supervisor: _____ Starting Position Title: _____ Last Position Title: _____ Description of duties: _____ _____ _____ Reason for leaving or seeking other employment: _____ _____</p>
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<p>(2) Previous employer: _____ From month: _____ Year: _____ To month: _____ Year: _____ Address: _____ City _____ State: _____ Zip _____ Type of Business: _____ Telephone: _____ Supervisor: _____ Starting Position Title: _____ Last Position Title: _____ Description of duties: _____ _____ _____ Reason for leaving or seeking other employment: _____ _____</p>



AUTHORIZATION TO RELEASE INFORMATION AND CONFIDENTIALITY AGREEMENT

As a volunteer with the Longmont Department of Public Safety, I am willing to furnish information for use in determining my qualifications.

I understand, for security reasons, a basic clearance / background check will be conducted by the department and I will be asked to provide fingerprint information. Further background information will be requested only if a specific volunteer assignment calls for a full security check.

I understand that false statements on this application or during the interview process will be cause for immediate dismissal from this volunteer position.

I understand the Longmont Department of Public Safety 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 Longmont Department of Public Safety to verify my criminal history and driving records as part of the background screening process.

If accepted as a volunteer for the Longmont Department of Public Safety, I understand I may be privy to confidential information and agree to respect and maintain ALL that confidentiality whenever presented with it.

VOLUNTEER'S SIGNATURE **DATE**

REQUIRED IF UNDER 18:

PARENT OR GUARDIAN SIGNATURE **DATE**

REFERENCES

Please give the name of four 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 have worked there:

3. Volunteer Reference:

Name: _____

Agency: _____

Phone Number: _____

Describe your volunteer assignments and length of time you served with this agency:

4. Teacher Reference:

Name: _____

School: _____

Phone Number: _____

Describe how you know this teacher:

**Please return your application to:
Officer Melinda Burnett
225 Kimbark Street, Longmont, CO 80501**

If you have any questions regarding this application or the volunteer program, call 303-774-4440 or Officer Melinda Burnett at 303-774-4300 x3183.

Thank you for your interest!