



# VOLUNTEER APPLICATION

SECTION ONE: PERSONAL INFORMATION			
FULL NAME		NICKNAME	
STREET ADDRESS		CITY / ZIP	
HOME PHONE	CELL PHONE	EMAIL	
DRIVER'S LICENSE NUMBER AND STATE	AGE	BIRTHDATE	
PLACE OF BIRTH		ARE YOU A U.S. CITIZEN / LEGAL RESIDENT? IF NO, INDICATE CITIZENSHIP	
HAIR COLOR	EYE COLOR	HEIGHT	ETHNICITY
HOW MANY TRAFFIC TICKETS HAVE YOU HAD IN THE PAST YEAR? SPECIFY TYPES OF VIOLATIONS			
HAVE YOU EVER BEEN ARRESTED? IF YES, PLEASE EXPLAIN:			
DO YOU HAVE ANY PHYSICAL CONDITIONS WHICH WOULD PREVENT YOU FROM PERFORMING THE SPECIFIC DUTIES OF THE JOB?			
DO YOU HAVE RELIABLE TRANSPORTATION:			

SECTION TWO: AVAILABILITY
PLEASE INDICATE YOUR GENERAL / PREFERRED AVAILABILITY (e.g., any weekend, evenings, Saturdays only, etc.)
ADDITIONAL INFORMATION

The City of Elk Grove / Elk Grove Police Department welcomes volunteers of all backgrounds and abilities and does not discriminate on the basis of race, religion, origin, ancestry, gender, marital status, sexual orientation, age, disability, or any other classification protected by state or federal laws in its volunteer selection process. Volunteers have equal access to available positions for which they are qualified and possess the ability to do the job.

**SECTION THREE: SKILLS**

LIST ALL LANGUAGES OTHER THAN ENGLISH WHICH YOU SPEAK, READ, OR WRITE FLUENTLY:

Language	SPEAK	READ	WRITE

LIST ANY SKILLS YOU POSSESS THAT WOULD BE AN ADDED BENEFIT TO THE ROLE OF COMMUNITY AMBASSADOR:


**SECTION FOUR: VOLUNTEER EXPERIENCE**

PLEASE LIST ANY PREVIOUS VOLUNTEER EXPERIENCE

ORGANIZATION AND ADDRESS	DATES WORKED	HOURS/ WEEK	DUTIES

WHY DO YOU WANT TO VOLUNTEER WITH THE ELK GROVE PD / CITY OF ELK GROVE?


WHAT DO YOU HOPE TO GAIN FROM VOLUNTEERING AS A COMMUNITY AMBASSADOR?


**SECTION FIVE: WORK EXPERIENCE**

PRESENT / MOST RECENT EMPLOYER	JOB TITLE
ADDRESS	DUTIES
CITY / STATE / ZIP	
PHONE	
DATES WORKED	
SUPERVISOR	
MAY WE CONTACT	

FORMER EMPLOYER	JOB TITLE
ADDRESS	DUTIES
CITY / STATE / ZIP	
PHONE	
DATES WORKED	
SUPERVISOR	
MAY WE CONTACT	

FORMER EMPLOYER	JOB TITLE
ADDRESS	DUTIES
CITY / STATE / ZIP	
PHONE	
DATES WORKED	
SUPERVISOR	
MAY WE CONTACT	

**SECTION SIX: INFORMATION VERIFICATION**

**I AFFIRM THAT THE INFORMATION CONTAINED ON THIS APPLICATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.**

**SIGNATURE:**

**DATE:**