

LAKE STEVENS POLICE
VOLUNTEER (VIP) APPLICATION



PLEASE PRINT

FULL NAME _____ DATE OF BIRTH _____

ADDRESS _____

HOME PHONE _____ CELL PHONE _____

EMAIL ADDRESS _____

EMERGENCY CONTACT PERSON _____

EMERGENCY CONTACT PHONE NUMBER _____

EDUCATION: HIGH SCHOOL () COLLEGE () AREA OF STUDY: _____

OTHER SCHOOLING OR TRAINING _____

PREVIOUS OCCUPATION(S) _____

INTERESTS/HOBBIES _____

OTHER VOLUNTEER WORK YOU HAVE DONE _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES () NO () _____

IF YES, PLEASE EXPLAIN _____

HOW MANY HOURS A WEEK ARE YOU AVAILABLE? _____

WHO/WHAT PROMPTED YOU TO VOLUNTEER? _____

REFERENCES (FULL NAMES AND ADDRESSES REQUIRED)

1. _____

2. _____

SIGNATURE* _____ DATE _____

*BY MY SIGNATURE, I AUTHORIZE THE LAKE STEVENS POLICE DEPARTMENT TO DO A BACKGROUND CHECK OF MY DRIVING RECORD AND MY CRIMINAL RECORD.

FOR OFFICIAL USE ONLY

BACKGROUND CHECK COMPLETED _____ DATE _____

REVIEWED BY COORDINATOR _____ DATE _____

REVIEWED BY ADMIN. MANAGER _____ DATE _____

CLEARANCE GRANTED BY _____

() NCIC/WACIC () LinX () DOL () F/A File () DOC () CHRI