

Sedalia Police Department

Civilian Volunteer Application

Personal Information

Last Name _____	First Name _____	Middle Initial _____
DOB _____	SSN _____	Sex _____ Race _____
Address _____		State _____ Zip _____
Telephone No. _____	US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Cell Phone _____	Married _____	Single _____ Today's Date _____
Name Employer, If Any _____		Telephone _____
Signed _____		

How did you learn about the volunteer program? _____

Explain why you would volunteer your time to work for this agency _____

List skills you feel would be beneficial (i.e., keyboard, telephone, filing, etc.) _____

Have you ever been arrested for a felony? Yes No

If yes, please explain why you were arrested _____

Do you have any pre-existing medical conditions that could prevent you from performing assigned tasks?

Yes No If yes, please explain _____

Please Turn Page

What hours would you prefer to work?

8 a.m. to 11 a.m. 11 a.m. to 2 p.m. 3 p.m. to 6 p.m.

Other

What days would you prefer to work?

Monday Tuesday Wednesday Thursday

Friday Saturday Sunday

Do Not Write Below This Line

Interview Time, Location _____

Summary of Interview _____

Approved _____ Disapproved _____ By: _____ Date _____

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