DEPARTMENT OF STATE POLICE

Volunteer Service Application

Name: _____ Home Telephone: ( ) _____
Last First Middle

Address: _____
City State Zip

Are you currently employed? ☐ Full time ☐ Part time ☐ No Work Telephone: ( ) _____

Current or most recent employer (if student, list school): _____

Position: _____ Supervisor's Name: _____ Supervisor's Telephone: ( ) _____

Education: (list high school, college, advanced degrees): _____

Work History (provide a brief summary of previous employment): _____

Special Skills (indicate any special skills you have or equipment used): _____

Indicate the types of volunteer work in which you are interested: _____

How often are you available? ☐ Daily ☐ Weekly ☐ Monthly Other: _____

Check days that you are available: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday

Indicate times of day available: ☐ Morning ☐ Afternoon ☐ Evening

Have you ever been convicted of any law violations (including moving traffic violations)? ☐ Yes ☐ No

If you answered "yes" to the above question, please list all and explain. Use additional pages if necessary. Note that certain minor violations and other offenses will not prevent your acceptance in the volunteer program.

_____

_____

_____

_____

How did you hear about this volunteer opportunity? _____

Please list three references:

Name: _____ Address: _____ Telephone: ( ) _____

Name: _____ Address: _____ Telephone: ( ) _____

Name: _____ Address: _____ Telephone: ( ) _____

I understand that before I am assigned to a volunteer position with the Virginia State Police, a standard background investigation will be conducted. I hereby authorize such an investigation.

The above information is true and correct: _____
Signature Date

Please return this completed application to:

Volunteer Service Coordinator
Virginia Department of State Police
P. O. Box 27472
Richmond, Virginia 23261-7472