

DEPARTMENT OF STATE POLICE

Volunteer Service Application

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

Cellular Telephone: () _____

Address: _____
City State Zip

E-mail Address: _____

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 special skills, computer applications and 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 & hours of availability: Morning Afternoon Evening (hours) _____

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