

For County Use Only:

	Initial	Date
CH:	_____	_____
RC:	_____	_____
DH:	_____	_____



Volunteer Application

Personal Information

Last Name:	First Name:	Middle Name:	Email Address:	
Street Address:		City:	State:	Zip Code:
Home Phone Number:		Work Phone Number:	Cellular Phone Number:	
Best way to contact you (home, work, cell):		When will you be available to volunteer?		
Are you a Citizens Police Academy graduate?		If yes, when:		
		If yes, what class?		

Personal History

Date of Birth:	Place of Birth:	Social Security Number:	Driver's License Number:
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Education and/or Special Training

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Work Experience

Employer Name:	Job Title:	Dates Employed:		
		From:		
		To:		
Type of Job:				
Work Performed:				

Work Experience (continued)

Employer Name:	Job Title:	Dates Employed: From: To:		
Type of Work:				
Work Performed:				

Employer Name:	Job Title:	Dates Employed: From: To:		
Type of Job:				
Work Performed:				

Emergency Contact Information

Name	Phone Number:	Relationship

Agreement

The facts set forth in my application to volunteer are true and complete. I understand that false statements on this application shall be considered sufficient cause for withdrawal of my request to volunteer with the Hanover County Sheriff's Office. I understand that this information is for use by Hanover County and will be safeguarded against unauthorized disclosure to any agency or individual. By asking to participate in the Hanover County Sheriff's Office Volunteer Program, I request the Sheriff's Office to run criminal history, records, and drivers license checks on me.

BY SIGNING BELOW, I certify that I have read and agree with these statements.

Applicant's Signature

Date