

NAME: _____

(LAST)

(FIRST)

(MIDDLE/MAIDEN)

VOLUNTEER APPLICATION



LEESBURG POLICE CITIZENS SUPPORT TEAM, INC.

65 Plaza Street NE, Leesburg, Virginia 20176

703-771-4522

AN EQUAL OPPORTUNITY ORGANIZATION

PLEASE READ THESE INSTRUCTIONS
BEFORE YOU COMPLETE THIS APPLICATION.

You MUST be a U.S. citizen to apply

Complete the ENTIRE application. Incomplete applications will NOT be considered.

Mail or bring your application to the
Leesburg Police Safety Center
65 Plaza Street NE, Leesburg, Virginia, 20176

1. PRINT NAME _____
(Last) (First) (Middle/Maiden)

2. ADDRESS _____
 CITY _____ STATE _____ ZIP _____

3. PHONE Home (____) _____ Work (____) _____
 Cell phone (____) _____ Pager (____) _____

4. SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____

5. EMAIL ADDRESS _____

6. Do you have a valid driver's license? Yes No CDL? Yes No State _____

7. Have you ever worked in a field related to Law Enforcement? Yes No

8. Are you a veteran? Yes No

9. Education: Circle the highest grade you completed: 1 2 3 4 5 6 7 8 9 10 11 12

Name of the last High School you attended: _____

High School location: _____

Did you graduate? Yes No If not, have you passed a G.E.D. test? Yes No

College or other studies:

School & Location	From	To	Date Graduated	Degree	Area of Study

9. SPECIAL QUALIFICATION AND SKILLS: (typing, foreign language, professional licenses and certificates, publications scholastic honors, etc.)

10. EXPERIENCE: Start with your present job and work back, include military and volunteer experience. Additional experience should be listed by attaching separate sheets of paper or a personal resume. Be sure to include requested information.

Present Employer _____
Address _____
Phone Number (____) _____ Job Title _____
Dates of Employment: From _____ To _____ Hours per Week _____
Supervisor's Name _____ Work Description _____

Reason for Leaving _____

Employer _____
Address _____
Phone Number (____) _____ Job Title _____
Dates of Employment: From _____ To _____ Hours per Week _____
Supervisor's Name _____ Work Description _____

Reason for Leaving _____

Employer _____
Address _____
Phone Number (____) _____ Job Title _____
Dates of Employment: From _____ To _____ Hours per Week _____
Supervisor's Name _____ Work Description _____

Reason for Leaving _____

11. REFERENCES:

Name	Address	Phone Number	Years Known
------	---------	--------------	-------------

12. Have you ever been dismissed or forced to resign a position? Yes No

If "Yes", please explain. _____

13. Have you ever been convicted of any offense against the law? Omit juvenile offenses and minor traffic violations. Include convictions by general court martial while in the military. Yes No

If "Yes", give date, place, charge, court and fine or sentence.

A conviction does not automatically mean you cannot serve as a volunteer. What you were convicted of and how long ago are important. Give all the facts so that a decision can be made.

14. How did you learn about the Leesburg Police Citizens Support Team, Inc.?

15. May we conduct a background check of your qualifications, references and employment history?

Yes No If "NO", please explain.

ATTENTION: THIS STATEMENT MUST BE SIGNED.

I certify that the statements made by me in this application are true, complete and correct to the best of my knowledge, and that misrepresentation or omissions may result in rejection of my application.

Signature of Applicant

Date

Personal History Statement

TOWN OF LEESBURG
POLICE DEPARTMENT
65 PLAZA STREET NE
LEESBURG, VIRGINIA 20176
(703) 771-4500

AUTHORIZATION TO RELEASE INFORMATION

This is to certify that I, _____, am an applicant for the position of _____ with the Leesburg Police Department and that I do hereby authorize the release of any and all information to the Leesburg Police that they may request from whom ever they may deem it necessary to make such a request, from any of my records or files. Such information will include, but will not be limited to: hospital records, medical records, military records, police records, arrest records, court records, police reports including juvenile records, credit records, background investigative material and reports, employment records, attendance records, traffic records, confidential records, educational records and transcripts, etc. I also release all persons from any liability which could result from furnishing said information to the Leesburg Police.

Further, I authorize the Leesburg Police to Xerox, copy or otherwise reproduce this original document, and to let such Xeroxed, copies or otherwise reproduced copy act as the original document. The original document is to be retained on file with the Leesburg Police.

I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me.

Date Signature _____

Address _____

City/County of _____ Commonwealth of Virginia.

Sworn to and subscribed before me this _____ day of _____, _____.

Witness my hand and official seal.

Notary Public

My Commission Expires _____.

Personal History Statement

SIGNATURE PAGE

If information should surface during the stages of this investigation which would disqualify you from further consideration, the investigation will be terminated immediately and you will be notified accordingly,

You are advised that each statement given on this application will be investigated and any inaccurate, untruthful or misleading answer will be cause for rejection.

I hereby certify that all the foregoing answers are accurate and true to the best of my knowledge.

_____ Date Signature _____

City/County of _____ Commonwealth of Virginia.

Sworn to and subscribed before me this _____ day of _____, _____.

Witness my hand and official seal.

Notary Public

My Commission Expires _____.