

Volunteers in Partnership Application

NOTICE TO APPLICANTS

Background checks are required for all applicants. Checks are made through NCIC (National Crime Information Center) computer. If criminal records surface during these checks, it may prevent the applicant's appointment to the VIP Program.

Name: _____ Age: _____ Date of Birth: _____

Social Security Number (Last four): _____

Address: _____ City: _____ State: _____

Previous address if less than five years: _____

Home phone: _____ Cell phone: _____

Email Address: _____

Employer: _____

Business Address: _____

Business phone: _____

Type of work performed: _____

Do you have computer skills: _____

What skills do you wish to offer: _____

EDUCATION/MILITARY SERVICE/WORK HISTORY

High School Graduate: _____ College Graduate: _____

Degree/Diploma Earned: _____

College(s) attended: _____

Military Service: _____ Branch: _____ Rank/Pay grade: _____

Type of Discharge: _____ Duties Performed: _____

Have you ever worked for Polk County? _____ If yes, explain: _____

Have you ever applied/worked in a law enforcement agency? _____

If yes, where? _____

Length of employment: _____

Duties: _____

Have you ever been convicted of a crime? _____

If yes, explain: _____

Do you have a valid North Carolina Drivers' License? _____ NCDL #: _____

What type of duty interests you the most? _____

What days and hours would you be willing to serve? _____

If you require any special accommodations (i.e. unable to stand more than an hour, diabetes and or medications) please explain: _____

EMERGENCY CONTACT INFORMATION

Emergency contact: _____ Relationship: _____ Phone: _____

Primary Care Physician: _____ Phone: _____

REFERENCES

List two (not related to you) (addresses and phone number):

I understand and agree that: any false statement, either verbal or written, may cause the applicant's name to be removed from eligibility or cause for immediate dismissal, if appointed as a volunteer with the Polk County Sheriff's Office.

I hereby authorize the Polk County Sheriff's Office to make a thorough Investigation of my personal history and may verify all data given in my application, related papers, or oral Interviews. I authorize such Investigation and the giving and receiving of such information requested by the Polk County Sheriff's Office and I release from liability any person giving or receiving any such information. I understand that falsification of data so given or other derogatory Information discovered as a result of this investigation may prevent my appointment or if appointed may subject me to Immediate dismissal. All Information gathered pursuant to this application will be kept strictly confidential.

I have read and understand that above.

Applicants Signature

Date

Witnessed by (authorized Sheriff's personnel)

Date