



MARYSVILLE CRIME PREVENTION VOLUNTEER APPLICATION



(All Volunteers must reside within the City of Marysville)

PLEASE PRINT

FULL NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

EMERGENCY CONTACT PERSON \_\_\_\_\_

EMERGENCY CONTACT PHONE NUMBER \_\_\_\_\_

EDUCATION: HIGH SCHOOL ( ) COLLEGE ( ) AREA OF STUDY: \_\_\_\_\_

OTHER SCHOOLING OR TRAINING \_\_\_\_\_

PREVIOUS OCCUPATION(S) \_\_\_\_\_

INTERESTS/HOBBIES \_\_\_\_\_

OTHER VOLUNTEER WORK YOU HAVE DONE \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES ( ) NO ( )

IF YES, PLEASE EXPLAIN \_\_\_\_\_

HOW MANY HOURS A WEEK ARE YOU AVAILABLE? \_\_\_\_\_

WHO/WHAT PROMPTED YOU TO VOLUNTEER? \_\_\_\_\_

REFERENCES (FULL NAMES AND ADDRESSES REQUIRED)

1. \_\_\_\_\_

2. \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

\*BY MY SIGNATURE, I AUTHORIZE THE MARYSVILLE POLICE DEPARTMENT TO DO A BACKGROUND CHECK OF MY DRIVING RECORD AND MY CRIMINAL RECORD.

FOR OFFICIAL USE ONLY

BACKGROUND CHECK COMPLETED \_\_\_\_\_ DATE \_\_\_\_\_

REVIEWED BY COORDINATOR \_\_\_\_\_ DATE \_\_\_\_\_

REVIEWED BY COMMANDER \_\_\_\_\_ DATE \_\_\_\_\_

CLEARANCE GRANTED BY \_\_\_\_\_

( ) NCIC \_\_\_\_\_ ( ) LOCAL \_\_\_\_\_ ( ) LOCAL \_\_\_\_\_