



# St. Joseph, Missouri Police Department VOLUNTEER APPLICATION

Print All Information

Name \_\_\_\_\_

LAST

FIRST

M.I.

D.O.B.: \_\_\_\_\_ SSN: \_\_\_\_\_

Street Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-Mail: \_\_\_\_\_

Do you have a criminal history, other than minor traffic violations?  No  Yes (if yes explain)

Please list any skills you have that you believe would be beneficial to this program. (*computer skills, foreign language, police training ect.*)

Education: List education received beginning with high school.

Name of School	Location of School	Degree Received	Year
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### Criminal History Check

I, the undersigned, understand that by applying for the Volunteer Program, a criminal history check will be completed. I, hereby, give permission for this check to be completed. The information from this check cannot be used for any purpose other than the Volunteer Program.

Signature of Participant: \_\_\_\_\_ Date \_\_\_\_\_