

REPUBLIC POLICE DEPARTMENT

CIVILIAN VOLUNTEER PROGRAM APPLICATION

540 Civic Blvd.
Republic, MO 65738



Phone (417) 732-3900
FAX (417) 732-3991

Date _____

| | |
|------------------------------|---|
| Name (Last, First, MI) _____ | Birth date _____ |
| Spouse's Name _____ | Birth date _____ |
| Address _____ | City _____ State _____ Zip _____ |
| Home Phone _____ | Work Telephone _____ SSN# _____ - _____ - _____ |

| |
|--|
| Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated |
| Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you speak another language? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what? _____ |
| Do you have a valid Missouri Driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No License No. _____ |

| |
|---|
| Describe any physical defects or disabilities, including extent of defective vision, if any, with and without glasses, and deficiencies in color vision and hearing _____ |
| _____ |

| | |
|------------------|---------------------------------------|
| Occupation _____ | Describe type of work performed _____ |
| _____ | _____ |

| | |
|----------------------------|-------------|
| Name of Employer _____ | Phone _____ |
| Address _____ | City _____ |
| Length of Employment _____ | |

| |
|-------------------------------------|
| Previous Work Experience _____ |
| _____ |
| Previous Volunteer Experience _____ |
| _____ |

| | |
|--|-------------------|
| List three personal references (who have known you at least one year, and are not relatives) | |
| 1. Name _____ | Years Known _____ |
| Address _____ | Phone _____ |
| 2. Name _____ | Years Known _____ |
| Address _____ | Phone _____ |
| 3. Name _____ | Years Known _____ |
| Address _____ | Phone _____ |

Times that you are available to work: Hours per Week _____ Days Available _____
Times Available _____

Are there any qualifications, skills, certifications, diplomas, etc., which you feel would qualify you for your volunteer work with the program?

Please add any other information about yourself; hobbies, community interest, clubs, etc.

Have you ever been arrested and/or convicted of a felony or misdemeanor? Yes No
If yes, describe each circumstance, giving the date and charge. Use additional sheets if necessary.

Has there been anything else in your past that might disqualify you from functioning in a volunteer capacity?
Yes No If yes, describe briefly.

Emergency Contact Person

Name _____ Telephone _____

Name _____ Telephone _____

AUTHORIZATION TO RELEASE INFORMATION

As an applicant for a volunteer position with the Republic Police Department, I am required to furnish information for use in determining my moral, physical, and mental qualifications. In this connection, I authorize release of any and all information that you may have concerning me, including information of a confidential or privileged nature. I hereby release you, or your organization or others from any liability or damage that may result from furnishing the information requested.

Print Name: _____

Signature: _____ Date: _____