

# **LAKEWOOD POLICE DEPARTMENT VOLUNTEER SUPPORT TEAM APPLICATION**

**Thank you for your interest in the Lakewood Police Department Volunteer Support Team. All applicants must be 18 years of age or older and subject to a background investigation. This application must be completed in its entirety and submitted to the Lakewood Police Department. An actual signature is required (no digital signatures).**

Name:

Date of Birth:

Any other names or AKAs:

Driver's License Number:

Issuing State:

Home Address:

City/State/Zip Code:

Phone Number:

Email Address:

Occupation:

Employer:

Supervisor:

Supervisor Phone:

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Please list your education and training (include any college, technical or job training):

Why are you interested in volunteering with the Police Volunteer Support Team?

Skills, interests or hobbies that would benefit the Police Volunteer Support Team:

## **Please list three references:**

Name: Phone:  
Email Address:

Name: Phone:  
Email Address:

Name: Phone:  
Email Address:

**\*If you served in the US Military within the last 10 years, please provide a copy of your DD-214.\***

Please return the completed application to:

- Lakewood Police Department, Attn: Police Volunteer Coordinator, 445 S. Allison Pkwy, Lakewood, CO 80226.

In signing, I certify that information contained on this application is correct and accurate to the best of my knowledge. I authorize the Lakewood Police Department to verify criminal history, driving records, personal references and employment history as part of the background screening process. I understand that I may be disqualified at the discretion of the Chief of Police, or his designee. I understand that the Lakewood Police Department will not have to disclose the reason, if any for my not being selected for appointment. If accepted I understand that I may be privy to sensitive information and promise to respect and maintain the confidentiality of that information. I Understand that I will not receive any type of compensation from the City of Lakewood for my volunteer services.

Signature:

Date: