

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 have ever served in the US Military, 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: