



# LONGMONT POLICE DEPARTMENT

225 Kimbark Street, Longmont, Colorado 80501

Community Services Program Coordinator 303-774-4440 Administration 303-651-8890

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## Safety and Justice Center Volunteer Application

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DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP:  
\_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

DRIVERS LICENSE NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

Volunteer position for which you are interested: \_\_\_\_\_

Name you would like volunteers and staff to call you: \_\_\_\_\_

Please indicate days/time you would be available to volunteer: \_\_\_\_\_

List previous volunteer experience:

Activity	Agency	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

List your specific skills and talents that might be used in your volunteer work:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



### Work History

EMPLOYMENT RECORD. List below your complete work history starting with your present position and working backwards through your past two work experiences. Include military service and, if you wish, volunteer work. This section must be filled in completely, even if a resume is attached. Attach additional sheets, if necessary.

**(1) Present or last employer:** \_\_\_\_\_  
From month: \_\_\_\_\_ Year: \_\_\_\_\_ To month: \_\_\_\_\_ Year: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
Type of Business: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Starting Position Title: \_\_\_\_\_  
Last Position Title: \_\_\_\_\_  
Description of duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving or seeking other employment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(2) Previous employer:** \_\_\_\_\_  
From month: \_\_\_\_\_ Year: \_\_\_\_\_ To month: \_\_\_\_\_ Year: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
Type of Business: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Starting Position Title: \_\_\_\_\_  
Last Position Title: \_\_\_\_\_  
Description of duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving or seeking other employment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(3) Previous employer:** \_\_\_\_\_  
From month: \_\_\_\_\_ Year: \_\_\_\_\_ To month: \_\_\_\_\_ Year: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
Type of Business: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Starting Position Title: \_\_\_\_\_  
Last Position Title: \_\_\_\_\_  
Description of duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving or seeking other employment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **AUTHORIZATION TO RELEASE INFORMATION:**

As a Volunteer with the Longmont Police Department, I am willing to furnish information for use in determining my qualifications.

I understand, for security reasons, a basic clearance check/background will be conducted by the LPD and I will be asked to provide fingerprint information. Further background information will be requested only if a specific volunteer assignment calls for a full security check.

I understand that false statements on this application or during the interview process will be cause for immediate dismissal from this volunteer position with the LPD.

I understand the Longmont Police Department will not have to disclose the reason, if any, for not being selected as a volunteer for this program.

In signing, I do hereby certify that all information contained in this application is correct and accurate to the best of my knowledge. I further authorize the Longmont Police Department to verify my criminal history and driving records as part of the background screening process.

If accepted as a volunteer for the Longmont Police Department, I understand I may be privy to confidential information and agree to respect and maintain ALL that confidentiality whenever presented with it.

**VOLUNTEER'S SIGNATURE**

**DATE**

**REFERENCES**

Please give the name of three references who know your abilities and interests.

**1. Personal Reference**

Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Describe how long you have known this person and what type of relationship you have with this person. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. Employer Reference:**

Name: \_\_\_\_\_  
Agency: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Describe your volunteer assignments and length of time you served with this agency. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. Volunteer Reference:**

Name: \_\_\_\_\_  
Agency: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Describe your volunteer assignments and length of time you served with this agency. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please return this application to the Community Services Program  
Coordinator at the Safety and Justice Center  
located at 225 Kimbark St., Longmont, CO 80501.  
If you have any questions regarding this application or the  
volunteer program, please call 303-774-4440.**

**Thank you for your interest!**