



LONGMONT POLICE DEPARTMENT

225 Kimbark Street, Longmont, Colorado 80501

Police Programs Coordinator 303-774-4440 Administration 303-651-8890

Explorer Volunteer Application *

*** Note: This form must be completely filled out.**

DATE: _____

NAME: _____

HOME ADDRESS: _____

CITY, STATE, ZIP:

If under 18, include Parent or Guardian name, phone number and their email address:

HOME PHONE: _____ CELL PHONE: _____

SCHOOL YOU ARE CURRENTLY ATTENDING AND GRADUATION DATE:

DRIVERS LICENSE NUMBER: _____ STATE: _____

EXPIRATION DATE: _____ SOCIAL SECURITY NUMBER: _____

E-MAIL ADDRESS: _____

DATE OF BIRTH: _____

HOW DID YOU HEAR ABOUT THE LPD EXPLORER PROGRAM?:

ARE YOU AVAILABLE FOR MEETINGS/ TRAINING ON THURSDAY EVENINGS?:

LIST PREVIOUS VOLUNTEER EXPERIENCE:

Activity

Agency

Dates

EDUCATION – SKILLS – ABILITIES

Type of Schools	Name, City, & State	Diploma, GED or Degree
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No
College (Undergrad)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Trade School		<input type="checkbox"/> Yes <input type="checkbox"/> No

CRIMINAL HISTORY

Have you ever been arrested, issued a summons, or notice to appear in court?

___ **Yes** ___ **No** ___

Have you ever been convicted of a misdemeanor? ___ **Yes** ___ **No**

Have you ever been convicted of a felony? ___ **Yes** ___ **No**

CURRENT AND PAST SCHOOLS: LIST ALL SCHOOLS ATTENDED AND THE DATES ATTENDED:

LIST YOUR SPECIFIC SKILLS AND TALENTS THAT MIGHT BE USEFUL IN YOUR LPD EXPLORER ACTIVITIES:

BILINGUAL SKILLS:

Verbal: _____

Written: _____

Work History

List below your complete work history starting with your present position and working backwards through your past two work experiences. **Include volunteer work, if applicable.** This section must be filed in completely, even if a resume is attached.

(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 AND CONFIDENTIALITY AGREEMENT:

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 four 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 work assignments and length of time you have worked there:

3. Volunteer Reference:

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

4. Teacher Reference:

Name: _____
School: _____
Phone Number: _____
Describe how you know this teacher:

**Please return this application to the Police Programs Coordinator at
The Safety and Justice Center
225 Kimbark St., Longmont, CO 80501.
If you have any questions regarding this application or the
volunteer program, please call 303.774.4440 or
Det. Mark Cooper at 303.651.8570**