



**Independence Police Department
5409 Madison Pike
Independence Kentucky 41051**

Volunteer Application

Date: _____

Name: _____ Are you over 21 years of age? Yes ___ No ___

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone (Day) (_____) _____ (Evening) (_____) _____

E-mail address: _____

Driver's License Number: _____ State: _____

Education: **(Circle Highest Grade Completed)**

High School 1 2 3 4

College 1 2 3 4 5 6 7 8

Other: (Explain): _____

Degrees/Certificates Earned: _____

Current Employer: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (_____) _____ Your Title: _____

May we contact your employer for a reference: Yes _____ No _____

How did you hear about the *Volunteers in Policing* Program? _____

Areas of interest: **(Circle all that apply)**

- *Annual Report
- *Investigative Assistant
- *Fingerprint Tech
- *Clerical/Office Support
- *Radar trailer
- *Police Records Assistant
- *School Resource Officer Assistant
- *Traffic Control
- *Senior Citizen Assistance
- *Special Events Assistant
- *Other: _____

Personal Interests and/or special talents: _____

Tell us a little bit about yourself. Your friends or associates would describe you as: _____

Please list any volunteer experience, community activities, training workshops, internships, and special areas of study or research: _____

Please return application to:
Independence Police Department
Attn: Asst. Chief David Nichols
5409 Madison Pike
Independence, KY 41051
Or fax to 859-363-4840

**APPROVAL FOR BACKGROUND INVESTIGATION,
CRIMINAL HISTORY AND DRIVERS LICENSE CHECK**

As a volunteer for the Independence Police Department, I realize that a background investigation, criminal history, and driver's license check will be done before I can begin to work. I hereby authorize the Independence Police Department to search any law enforcement database to conduct it.

List ALL names you have ever used including maiden name:

Name: _____
(PRINT) LAST, FIRST MIDDLE

Name: _____
(PRINT) LAST, FIRST MIDDLE

Name: _____
(PRINT) LAST, FIRST MIDDLE

Address: _____ Apt.: _____

City: _____ State: _____ Zip: _____

Date of Birth: ____/____/____ Soc. Sec. # ____-____-____

Drivers License Number: _____ State: _____

Sex: _____ Race: _____

Position(s) Volunteering for: _____

Signature: _____

Date: _____

Witness: _____