



# Volunteer Application

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## Instructions for Applicants

- This form requires signatures and may not be submitted electronically. You may type your responses on the computer to print and sign or you may hand write your responses.
- You must complete the entire form. The application includes information needed to complete the screening process.
- **DO NOT** write same, S/A, N/A, or see above. Each field must be completed in its entirety.
- Include a photocopy of your driver's license or other photo identification with your submission.
- A background investigation to obtain security clearance will be required if selected.
- Mail, fax, or hand deliver the forms to:

**Howard County Police Department  
Police Personnel  
3410 Court House Drive  
Ellicott City, MD 21043  
FAX 410-313-3212  
Phone 410- 313-2255**

1. What position are you applying for? Volunteer  Internship  Security Clearance   
 Volunteers, please list what position you are seeking:

**CONTACT INFORMATION**

2. Last Name, First Name, Middle Name (complete and full name)

3. Your Current Address(Street, City State, Zip code)

4. Home Phone: \_\_\_\_\_ 5. Work Phone: \_\_\_\_\_

6. Cell Phone: \_\_\_\_\_ 7. E-mail Address: \_\_\_\_\_

8. Social Security #: \_\_\_\_\_ 9. Date of Birth: \_\_\_\_\_

10. Race/Sex (needed for security clearance checks): \_\_\_\_\_

11. List the name, relationship and phone number of someone we can contact in an emergency

12. Please list complete previous addresses for the last 5 years and approximate dates of residence.

A: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_

B: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_

C: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_

D: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_

E: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_

13. Are you a U.S. citizen? Yes  No  If you are not a U.S. citizen, answer questions 15 – 20

14. If Naturalized: Certificate # and Date

15. Country of Birth: \_\_\_\_\_ 16. Current Citizenship: \_\_\_\_\_

17. Type of VISA: \_\_\_\_\_ 18. Expiration Date (Mo/Day/Yr): \_\_\_\_\_

19. Alien Registration No.: \_\_\_\_\_ 20. Date Issued (Mo/Day/Yr.): \_\_\_\_\_

21. Do you have or have you ever had a Maryland Drivers License? Yes  No

22. MD License No.: \_\_\_\_\_ 23. Expiration Date (Mo/Day/Yr): \_\_\_\_\_

24. Do you now have or have you ever had a Drivers License in any other state?: Yes  No   
 If yes please list.

25. State: \_\_\_\_\_ License No.: \_\_\_\_\_

26. State: \_\_\_\_\_ License No.: \_\_\_\_\_

27. State: \_\_\_\_\_ License No.: \_\_\_\_\_

28. State: \_\_\_\_\_ License No.: \_\_\_\_\_

Complete the below information for the vehicle you normally operate:  
 29. Make: \_\_\_\_\_ 30. Model: \_\_\_\_\_ 31. Color: \_\_\_\_\_

32. Plate #: \_\_\_\_\_ 33. State: \_\_\_\_\_ 34. VIN: \_\_\_\_\_

**EDUCATION**

(to be completed by volunteers and Intern applications only all others skip to question #52)

35. What is your highest level of education? Check one

H.S Diploma  AA Degree  BA/BS Degree  Masters  PhD  Other: \_\_\_\_\_

36. Are you currently enrolled in school? Yes  No

37. Name of School:

38. Area of Study:

39. Target Graduation Date:

40. List any Training, Certifications or Licensing you possess:

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

**SKILLS**

41. 2<sup>nd</sup> Language:

42. Rate your Speaking Ability:

43. Rate your Read/Write Ability:

44. Computer Skills:

45. Office Skills:

46. Other Special Skills:

**INTERESTS**

<input type="checkbox"/> Animal Control	<input type="checkbox"/> Alcohol Enforcement	<input type="checkbox"/> Victim and Senior Assistance
<input type="checkbox"/> Crime Lab	<input type="checkbox"/> Traffic Enforcement	<input type="checkbox"/> Technical/Computer Ops.
<input type="checkbox"/> Patrol Operations	<input type="checkbox"/> Records Management	<input type="checkbox"/> Research and Planning
<input type="checkbox"/> Training	<input type="checkbox"/> Youth	<input type="checkbox"/> Community Patrol/Policing
<input type="checkbox"/> Customer Service	<input type="checkbox"/> Editing and Writing	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Media/Public Relations	<input type="checkbox"/> Interpretations/Translation	<input type="checkbox"/> Other: _____

47. Please explain why you are interested in being a Intern/Volunteer with our agency and how did you learn about our programs:

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

48. Do you have any previous Intern or volunteer experience: Yes  No

If yes provide a brief description: (List any and all i.e. church, school, community Etc..)

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

**WORK EXPERIENCE**

51. Employment Status:  Unemployed  Full Time  Part Time  Retired  Student

52. Current Employer:

53. Employer Address:

54. Employer Phone #:

55. Job Title/Occupation:

56. Dates Employed:

57. Supervisors Name:

57. Supervisors Phone#:

58. Previous Employer:

58. Address:

59. Employer Phone:

60. Job Title/Occupation:

61. Dates Employed:

62. Supervisors Name:

63. Supervisors Phone:

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

**MILITARY EXPERIENCE**

64. Have you ever served in the armed forces: Yes  No

65. Branch of Service: 66. Rank:

67. Specialty: 68. Type of Discharge:

**AVAILABILITY**

(Volunteer and intern applicants only all others skip to question #72.)

69. Volunteers are asked to provide a minimum of 8 hours each week for a 6 months period of time.

Check the Days and the time of day you are available to volunteer:

- Sunday     Monday     Tuesday     Wednesday     Thursday     Friday     Saturday  
 Mornings     Afternoons     Evenings     Nights or Midnight

70. What is your desired length of commitment (6 Months, Year, or Longer)

71. Date you would like to start:

**BACKGROUND INFORMATION**

List Reference Information (people who know you well)

72. Ref. #1 Name:

73. Address:

74. Day time Phone: 75. Cell Phone:

76. Relationship to you:

77. Ref #2 Name:

78. Address:

79. Day Phone: 80. Cell Phone:

81. Relationship to you:

82. Ref #2 Name:

83. Address:

84. Day Phone: 85. Cell Phone:

86. Relationship: