

City of Columbus
Columbus Police Department
123 Washington Street
Columbus, IN 47201
812-376-2600 Fax 812-376-2649



Application Number: _____

Volunteer Application Form

Date: _____

Last Name First Name M.I.

Address1

Address2

City State Zip

Day Phone Night Phone Cell Phone

Email Address: _____ Social Security #: _____

Are you 18 years or older? Yes No If no, state age: _____

Have you ever worked for the City of Columbus? Yes No

If yes, Name used when employed: _____

Department Worked In: _____ Dates of Employment: _____

Is any member of you family employed by the City of Columbus? Yes

No

If yes, provide Name, Relation, and Department: _____

Have you ever been convicted, pled nolo contendere, plead guilty, or had the adjudication of guilt withheld for any offense(s) other than Minor Traffic Violations?

Yes No

If yes, what charge(s)? _____

Country/ State: _____ Date(s): _____

Education

High School: _____

Address: _____

Received: Diploma Certificate of Completion G.E.D.

College, University or Professional School:

Address: _____

Major/Minor Course of Study _____ Did you graduate? Yes No

Type of Degree received? _____

Volunteer Interests

- | | | |
|-----------------------------|---|--|
| Administrative Duties | <input type="checkbox"/> <input type="checkbox"/> Yes | <input type="checkbox"/> <input type="checkbox"/> No |
| Parking Enforcement | <input type="checkbox"/> <input type="checkbox"/> Yes | <input type="checkbox"/> <input type="checkbox"/> No |
| Youth Related Activities | <input type="checkbox"/> <input type="checkbox"/> Yes | <input type="checkbox"/> <input type="checkbox"/> No |
| Investigations | <input type="checkbox"/> <input type="checkbox"/> Yes | <input type="checkbox"/> <input type="checkbox"/> No |
| Public Relations | <input type="checkbox"/> <input type="checkbox"/> Yes | <input type="checkbox"/> <input type="checkbox"/> No |
| Special Events or Incidents | <input type="checkbox"/> <input type="checkbox"/> Yes | <input type="checkbox"/> <input type="checkbox"/> No |
| Cadet | <input type="checkbox"/> <input type="checkbox"/> Yes | <input type="checkbox"/> <input type="checkbox"/> No |

Available Times (if regular) _____

Drivers License

Please complete only if applying for a position which requires driving as stated in posted job requirements.

Issuing State: _____ License #: _____

CDL Classification, if applicable: _____

Special skills

List Clerical Skills, Interpersonal Skills, Organizational Skills, Computer Skills/Knowledge, etc.:

Emergency Contact

Name 1: _____

Address: _____

Phone #: _____ Relationship: _____

Conclusion

I hereby certify that to the best of my knowledge all of the information contained in this application is true.

All statements on the application are subject to verification. Exaggerated, false or misleading statements and the omission of facts called for on this application may be cause for rejection of this application.

Applicant Signature

Date

Parent/Guardian Consent (use if applicant is under 18 years of age)

I, the parent/guardian of the applicant named above, hereby give permission for my child to participate in all activities as directed by the Columbus Police Department's employees and members. I hereby give permission for my child to be interviewed and/or photographed as it pertains to the Columbus Police Department.

Parent/Guardian Printed

Date

Parent/Guardian Signature

Date