



## JUNO BEACH POLICE DEPARTMENT VOLUNTEER APPLICATION FORM

---

<b>Last Name</b>	<b>First</b>	<b>Middle Initial</b>	<b>Nickname, if preferred</b>
------------------	--------------	-----------------------	-------------------------------

---

**Street Address**

---

<b>City</b>	<b>State</b>	<b>ZIP code</b>
-------------	--------------	-----------------

**Permanent Resident**                       **Seasonal Resident**

---

<b>Email Address</b>	<b>Date of Birth</b>
----------------------	----------------------

---

<b>Home Telephone #</b>	<b>Work Telephone #</b>	<b>Cell Phone #</b>
-------------------------	-------------------------	---------------------

---

**Driver's License #/State**

---

<b>Emergency Contact Name</b>	<b>Relationship</b>	<b>Telephone #</b>
-------------------------------	---------------------	--------------------

**Highest Level of Education (Please check)**

High School/GED     Associates Degree     Undergraduate Degree     Graduate/Post-Graduate Degree  
 Other \_\_\_\_\_

**Days and times you are available to volunteer**

(Please check all days and times that are convenient for you to volunteer. We understand that this may depend on the type of assignment and season.)

**No preference**

<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday
<input type="checkbox"/> mornings	<input type="checkbox"/> mornings	<input type="checkbox"/> mornings	<input type="checkbox"/> mornings	<input type="checkbox"/> mornings	<input type="checkbox"/> mornings	<input type="checkbox"/> mornings
<input type="checkbox"/> afternoons	<input type="checkbox"/> afternoons	<input type="checkbox"/> afternoons	<input type="checkbox"/> afternoons	<input type="checkbox"/> afternoons	<input type="checkbox"/> afternoons	<input type="checkbox"/> afternoons
<input type="checkbox"/> evenings	<input type="checkbox"/> evenings	<input type="checkbox"/> evenings	<input type="checkbox"/> evenings	<input type="checkbox"/> evenings	<input type="checkbox"/> evenings	<input type="checkbox"/> evenings

**How frequently you would like to serve:**

Daily     Weekly     Monthly     Yearly     Ongoing

**If, you'd like to volunteer daily, weekly or ongoing, how many hours per week are you available?**

---

**How did you learn of our Volunteer Program?**

Newspaper     Brochure/Flyer     Internet     Friend

---

**Please describe any current or former volunteer experience.**

---

**Please describe what areas/roles, if any, which you would like to volunteer in within our department.**

---

---

**Please list employment and volunteer history for the past five years. Please indicate if you have not been employed or volunteered for the past five years.**

---

Present Employer	Position Title	Phone Number	Supervisor Name/Title	Dates of Employment
------------------	----------------	--------------	-----------------------	---------------------

---

Former Employer	Position Title	Phone Number	Supervisor Name/Title	Dates of Employment
-----------------	----------------	--------------	-----------------------	---------------------

---

Former Employer	Position Title	Phone Number	Supervisor Name/Title	Dates of Employment
-----------------	----------------	--------------	-----------------------	---------------------

**Please list three references of adults unrelated to you.**

---

Name	Relationship	Phone Number	Address/Email Address
------	--------------	--------------	-----------------------

---

Name	Relationship	Phone Number	Address/Email Address
------	--------------	--------------	-----------------------

---

Name	Relationship	Phone Number	Address/Email Address
------	--------------	--------------	-----------------------

---

**Waiver & Release of All Claims**

By signing this volunteer application, I acknowledge my interest in participating as a volunteer in the Town of Juno Beach Police Volunteer program, and I hereby agree to additional screening for placement in same. I am fully aware that said additional screening may include but is not limited to employment records, residential history, personal references, local law enforcement check, and criminal information records.

I also understand that submittal of a volunteer application and/or subsequent screening, additional or otherwise, does not guarantee my placement in the volunteer program; nor does it guarantee that my services as a volunteer will be utilized in the particular areas of interest as indicated on my Volunteer application.

I have read and fully understand this waiver and sign it of my own free will. I understand that completion of this form including my signature is required in order to be considered for volunteer placement. I further certify that I am a minimum of eighteen (18) years of age.

---

Signature

Date

---