

Volunteer Personnel Application Packet
Pembroke Pines Police Department

(Please Print)

Name (first, middle, last) _____

Present Address _____

City/State _____ Zip _____

Home Phone _____ Cell Phone _____

Date of Birth _____ Current Age _____ Male Female

Drivers License # _____ State _____ Exp. date _____

Email _____

Emergency Contact Information:

Name _____ Relationship to you _____

Phone number _____

Are you willing to provide a medical release by your personal physician prior to your approval and acceptance? Yes No If no, why? _____

Do you have knowledge of the police department operations? Yes No If yes, what areas? _____

Have you ever been a volunteer before? Yes No If yes, please list what your duties and/or responsibilities were: _____

Education:

High School – last year completed: 9th 10th 11th 12th Graduate? Yes No

College - last year completed: 1st 2nd 3rd 4th Graduate? Yes No

Other training: _____

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Employment Experience/Skills:

What types of office equipment have you used? _____

Do you have computer experience? Yes No If yes, what systems/programs have you used? _____

Please list any special skills and/or hobbies: _____

Military Experience or types of Training:

Please list any military experience and/or other types of special training: _____

Foreign Languages:

Please list any foreign languages you speak, read or write:

Speak _____ Fair Good Excellent

Read _____ Fair Good Excellent

Write _____ Fair Good Excellent

Volunteer areas:

What areas are you interested in working within the department?

Clerical Animal Assistance Program Front Desk Fingerprinting

Are you willing to transfer within the department as the need arises? Yes No

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What hours are you available? _____

What days are you available? _____

Any other information or requests we should know? _____

Please complete the following sentence...

I, _____ want to become a Pembroke Pines Police

Department volunteer for the following reasons: _____

References:

Please list three personal references that we may contact (family, friends, past employers):

Name/Occupation	Address	Phone #	Years Known	Relationship to you

Have you ever worked for the City of Pembroke Pines? Yes No If yes, please give

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Dates of employment and division you worked under _____

Are you related to any city employee or is any member of your household employed by the City?

Yes No If yes, please give the person's: Name _____

Relationship to you _____ Division they work in _____

Other than minor traffic offenses, have you ever been arrested or convicted of any crimes?

Yes No If yes, please explain _____

I have read and understand the above application. I further understand that this is not an application for employment and do not expect payment or reimbursement from the City of Pembroke Pines for the services and time volunteered to the Police Department.

As an applicant for a volunteer position with the Pembroke Pines Police Department, I am required to furnish information concerning my moral, physical, educational and mental qualifications. In this regard, I hereby authorize inquiries regarding the above qualifications. Additionally, I authorize those individuals or organizations selected by the Pembroke Pines Police Department to release any and all information they have concerning me, including information of a confidential or privileged nature.

The Pembroke Pines Police Department reserves the right to accept the most qualified volunteers. Any decision by the Pembroke Pines Police Department regarding the qualification of any applicant for the Volunteer Program will be final and no employer or agent of the City of Pembroke Pines is required to render an opinion or explanation beyond what is contained in the public record.

I have read and understand the above.

Applicant Name (print) _____

Applicant's Signature _____ Date _____

Application received by _____ Time & Date _____

(Submit all applications to Prenes Chevelon- Community Affairs Coordinator)