



Atlantic Beach Police Department Volunteers in Police Service Application



EDUCATION/TRAINING: _____
(Highest level of education completed)

Special Skills: _____

Previous Volunteer Experience: _____

Approximate # of hours/week you could volunteer: _____

AVAILABILITY: (circle all that apply)

Mornings	Afternoons			Evenings		
MON	TUE	WED	THU	FRI	SAT	SUN

REFERENCES:

1. _____
(Name, Address, City, State, Zip & Phone)
2. _____
(Name, Address, City, State, Zip & Phone)
3. _____
(Name, Address, City, State, Zip & Phone)

CRIMINAL HISTORY: _____
List all arrests & charges (including traffic citations) and dispositions

How did you hear about the VIPS program? _____

I understand a limited background check will be conducted based on the information provided on this application. I also give permission for any still photography or video footage in which I may appear as a volunteer to be used for official purposes. I understand that this is a volunteer position with no remuneration. All information on the above application is true to the best of my knowledge.

SIGNATURE: _____

DATE: _____

Can you refer another possible candidate for this program?