

CIVILIAN VOLUNTEER APPLICATION

SUFFOLK POLICE DEPARTMENT
120 HENLY PLACE
SUFFOLK, VA 23434
ANIMAL CONTROL
514-7855

INSTRUCTIONS: This information is for the official use of the Suffolk Police Department. **IT MUST BE COMPLETE, ACCURATE, AND PRINTED LEGIBLY.** If any question does not apply to you, write "N/A". If you require additional space to answer the questions, attach additional sheets. Be sure to refer to the questions by number. A police records check will be conducted on all volunteers with the Police Department.

POSITION APPLIED FOR: _____

List days and hours you are available: _____

LEGAL NAME: _____
(Last) (First) (MI)

ANY OTHER NAME USED: _____

DATE OF BIRTH: ___/___/___ SOCIAL SECURITY NUMBER: ___-___-___

ADDRESS: _____
(Street) (City) (State) (Zip)

TELEPHONE: (Home) _____ (Work) _____ (Cell) _____

DO YOU HAVE A VALID LICENSE: _____

List all traffic violation sin which you were convicted in the last five (5) years. Give date, place of violation, and charge. Also, include all auto accidents in the last five (5) years.

List High school, trade school, night school, business college, or university attended. Include G.E.D. information.

<u>NAME OF SCHOOL</u>	<u>DATE GRADUATED</u>
_____	_____
_____	_____
_____	_____



RELEASE IN FULL OF ALL CLAIMS

I, _____, do hereby release and forever discharge the City of Suffolk, its agents, officers and employees from any and all actions, causes of actions, claims and demands for, upon or by reason of any damage, loss or injury, which may be sustained by me or my heirs and devisees in consequence of my being allowed to work as a volunteer in the Department of _____, for the City of Suffolk, Virginia. I must also recognize that work in some departments may entail dangerous or risky duties and being in confined spaces. I must provide proof of medical insurance coverage for treatment of injuries on the job.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this _____ day of _____, 20 ____.

(SEAL)

STATE OF VIRGINIA
CITY OF SUFFOLK, to wit:

The foregoing instrument was acknowledged before me this _____ day of _____, 20 ____, by _____.

My commission expires: _____

NOTARY PUBLIC

Approved as to form:

Assistant City Attorney



CITY OF SUFFOLK POLICE DEPARTMENT

120 Henley Place
Suffolk VA 23434
Phone (757) 923-2350 Fax (757) 539-0516

DATE: _____

I certify that I have never been convicted of any crime or misdemeanor involving animal cruelty, neglect, or abandonment.

Full Name: _____

Previous Name(s): _____

Social Security Number: _____

Address: _____

Signature: _____