

ELK GROVE POLICE ACTIVITIES LEAGUE

VOLUNTEER APPLICATION

Please answer the following questions fully and legibly using additional sheets of paper if necessary. Any false statements on this application will cause you to be ineligible from working as an Elk Grove Police Activities League or Elk Grove Police Department Volunteer.

NAME:		NICKNAME/ALIASES/MAIDEN NAME:	
HOME ADDRESS:		CITY, ZIP CODE:	
HOME PHONE:	WORK PHONE:	BEST TIME TO CALL:	
DRIVER'S LICENSE NO.	AGE:	DATE OF BIRTH:	
PLACE OF BIRTH:		ARE YOU A US CITIZEN? IF NO, INDICATE CITIZENSHIP: <input type="checkbox"/> YES <input type="checkbox"/> NO:	
HAIR COLOR:	EYE COLOR:	HEIGHT:	ETHNICITY:
MARITAL STATUS		SPOUSE'S NAME:	
HAVE YOU OR YOUR SPOUSE EVER BEEN CONVICTED OF A CRIME? <input type="checkbox"/> NO <input type="checkbox"/> YES (Please Explain on Reverse)			

EMPLOYMENT EXPERIENCE

CURRENT/PAST EMPLOYER:	POSITION:
ADDRESS:	CITY, ZIP CODE:
PAST EMPLOYER:	POSITION:
ADDRESS:	CITY, ZIP CODE:
PAST EMPLOYER:	POSITION:
ADDRESS:	CITY, ZIP CODE:
PAST EMPLOYER:	POSITION:
ADDRESS:	CITY, ZIP CODE:
HAVE YOU EVER BEEN TERMINATED OR ASKED TO RESIGN ANY EMPLOYMENT? IF YES, PLEASE EXPLAIN:	

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SPECIAL SKILLS:

DO YOU HAVE ANY SPECIAL SKILLS? (COMPUTER, TYPING FOREIGN LANGUAGE, ATHLETICS)

AVAILABILITY

CAN YOU COMMIT TO A REGULAR SCHEDULE? IF SO HOW MANY HOURS PER WEEK?
 _____ YES _____ NO NUMBER OF HOURS _____ DAY _____ EVENING _____ EITHER _____

DO YOU HAVE ANY RESTRICTIONS AS TO YOUR AVAILABILITY? IF YES, PLEASE EXPLAIN.
 _____ NO _____ YES

CERTIFICATION

I AFFIRM THAT THE INFORMATION CONTAINED ON THIS APPLICATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

X _____ Date: _____
 SIGNATURE

PLEASE RETURN OR MAIL YOUR COMPLETED APPLICATION TO:

**Randal Broadhurst, EXECUTIVE DIRECTOR
 ELK GROVE POLICE ACTIVITIES LEAGUE
 10044 Bruceville Rd. Ste.100
 ELK GROVE, CA 95757**

If you have any questions, or concerns, please contact the Elk Grove Police Activities League, 916-714-9834.

DATE RECEIVED:

	Initials	Date
___ KPF		
___ DOL		
___ BDG#		