



## ***SCARBOROUGH POLICE DEPARTMENT***

### ***VOLUNTEER APPLICATION***

#### **Personal Information**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Do you have any special requirements or a health condition that the Scarborough Police Department should be aware of while you are a volunteer? Yes No

If yes, please describe: \_\_\_\_\_

In case of emergency, please notify:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

In case of emergency, can we release the above information to the emergency medical crew, clinic, or hospital? Yes No

Volunteer Program Coordinator - Scarborough Police Dept.  
275 U.S. Route 1  
Scarborough, ME 04074 | Phone: # 207-730-4244

Past Experience

Employment and/or Volunteer Experiences: \_\_\_\_\_

Education/Training: \_\_\_\_\_

Special Skills or Hobbies: \_\_\_\_\_

Foreign Language(s) Spoken: \_\_\_\_\_ Sign Language Ability: Yes  No

Volunteer Opportunities

There are a variety of volunteer opportunities with the Scarborough Police Department. In order to provide maximum satisfaction, volunteers will be carefully matched according to their choice, skills, and available assignments.

Do you have a volunteer preference? \_\_\_\_\_

Times Available: Morning  Afternoon  Evening   
Monday  Tuesday  Wednesday  Thursday  Friday  Weekends

References

List two reference (other than family) that the Scarborough Police Department can contact and their relationship to you (friend, employer, etc.)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Background Statement

By my signature, I authorize the Scarborough Police Department to perform a background check of my criminal record.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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