

Holland Department of Public Safety Application for Volunteer Service



Name		
First	Mid	ddle Last
Address		
	(Please include C	City, State and Zip)
Home Phone	Cell Phone	Email
Emergency Contact		Contact Phone #
Valid Driver's License If yes, write drive		re
List any traffic citation	s that you have had	in the last 2 years:
Are you able to perform	n the duties as desc	ribed in the job description?
How much time do you	ı have to volunteer p	er day:
Mon Tues	Weds Thu	urs Fri
List times of the year v	vhen you are on vaca	ation:
	erences, name and to	elephone numbers: How you know them:
	1000	
3		
Have you ever been co		YesNo
Have you ever been en	nployed by the Holla	nd Department of Public Safety or the City of
		e list the position/s held and the dates of employment
What specialized skills	/interests do you ha	ve which would assist us in placing you in an
appropriate assignmer	nt? Check all that ap	pply.
Record Keepin Public Speakin	g g	top Publishing (circle ones that apply)

What type of duty would interest you the most?		
Previous volunteer work, if any:		
Please explain briefly why you are interested in volunteering for the Holland DPS:		
I am applying for a volunteer position with the Holland Department of Public Safety. I agree to follow the direction and supervision of department personnel and follow all rules and policies. I attest that the following information is accurate and complete, and that I will inform the department of an changes in the information as soon as it occurs. I understand that any false answers or misleadin statements as well as misrepresentations by omission made by me will be sufficient for my immediate dismissal. I will give my best effort to provide the participants I work with a safe environment. I agree to promptly inform the department of any safety or other concerns which I may have in regard to me involvement with the department's programs. I authorize the Police Department to investigate me background and obtain information regarding any criminal convictions or allegations of criminal conduct relating to theft, dishonesty, assault, sexual assault, and controlled substances.		
The Police Department is authorized to secure any necessary information from all prior employers personnel, references, law enforcement agencies, or other personal and entities and public records I hereby release and hold harmless any person or entity from liability arising from their giving or receiving information about my employment, criminal record, and volunteer history.		
Furthermore, I authorize the City Holland and the Police Department to use photographs of the participant for its own advantage, including, but not limited to, reproducing photographs of the participant in brochures, electronic media, and other publicly distributed promotional literature. I acknowledge and agree that neither I nor the participants are entitled to any compensation for an use of the photographs. I certify that all statements contained here are true and complete A photocopy of this release may be used for all purposes.		
Signature Date		