

VOLUNTEER APPLICATION FORM

Oshkosh Police Department
420 Jackson Street
Oshkosh, WI 54901

Name _____
(Last) (First) (Middle)

Present Address: _____

City, State, Zip: _____

Phone: Home _____ Work _____

Cell _____ Email: _____

Permanent Address (if different from above):

City, State, Zip: _____

Driver's License #: _____

Vehicle Model/Year/License#: _____

Date of Birth: _____

List the name, address, and phone number of at least two references not related to you:

AVAILABILITY

Number of days per week: _____ Number of hours per week: _____

Days and times available: _____

Do you have access to a vehicle you can use for volunteer work? _____

How did you hear about our volunteer program? _____

EDUCATION

High School: _____

Date of Graduation: _____

College or technical training: _____

Date of graduation: _____

Degree or Area of Training:

(over)

Military service: _____

Please indicate all areas of law enforcement volunteer service that interest you:

___ Administrative Support ___ SpeedWatch ___ Special Events

___ Auxiliary ___ Explorer Post (ages 16-20) ___ Citizens Academy

___ Fleet Maintenance ___ Community Outreach ___ Chaplain Program

___ Neighborhood Watch ___ Translator/Interpreter

Other _____

EXPERIENCE:

Present employer: _____

Hobbies or interests: _____

List other skills and experiences: _____

I authorize the City of Oshkosh Police Department to process my application for serving as a volunteer by conducting a background check which may include checking references and reviewing relevant public records regarding criminal activity.

Signature _____ **Date** _____
