DEPARTMENT OF STATE POLICE

Volunteer Service Application

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: |  |  | Home Telephone: | ( ) |
| Last | First |  | Middle |  |  |  |
|  |  |  | Cellular Telephone: |  ( )  |
| Address:  |
|  |  |  | City |  | State | Zip |
| E-mail Address:  |
| Are you currently employed? Full time Part time No | Work Telephone:  | ( )  |
| Current or most recent employer (if student, list school):  |
| Position:  | Supervisor’s Name:  |  | Supervisor’s Telephone:  | ( )  |
| Education: (list high school, college, advanced degrees):  |
| Work History (provide a brief summary of previous employment): |   |
| Special Skills (indicate special skills, computer applications and equipment used): |   |
| Indicate the types of volunteer work in which you are interested:  |
| How often are you available? Daily Weekly Monthly Other:  |
| Check days that you are available: Monday Tuesday Wednesday Thursday Friday Saturday |
| Indicate times of day & hours of availability: Morning Afternoon | (hours)  |
| Have you ever been convicted of any law violations (including moving traffic violations)? | Yes No |  |
| If you answered “yes” to the above question, please list all and explain. Use additional pages if necessary. Note that certain minor |
| violations and other offenses will not prevent your acceptance in the volunteer program. |
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|  |
| How did you hear about this volunteer opportunity?  |
| Please list three references: |  |  |  |  |  |  |
| Name:  | Address:  |  |  | Telephone: |  ( )  |
| Name:  | Address:  |  |  | Telephone: |  ( )  |
| Name:  | Address:  |  |  | Telephone: |  ( )  |

I understand that before I am assigned to a volunteer position with the Virginia State Police, a standard background investigation will be conducted. I hereby authorize such an investigation.

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| The above information is true and correct:  |
| Signature Date |

Please return this completed application to: Volunteer Service Coordinator

HR@vsp.virginia.gov