DEPARTMENT OF STATE POLICE

Volunteer Service Application

|  |  |  |  |  |  |  |
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| 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. | | | | | | |
|  | | | | | | |
|  | | | | | | |
| 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](mailto:HR@vsp.virginia.gov)