

Highland Police Department

Volunteers in Policing Application



Please fill out completely or the application will not be processed. If any section does not apply to you, please indicate by writing, "N/A". The Highland Police Department appreciates your interest in service and commends your sprirt to volunteer. PERSONAL INFORMATION Last Name First Name Social Security # Date of Birth Age Place of Birth Home address Zip City Home Phone Cell Phone Other Names Used Previous Address(s) Last Five Years CRIMINAL HISTORY AND DRIVING RECORD Indiana Drivers License Number Has your license ever been suspended or revoked? ☐ Yes No Have you ever been convicted of a crime? ☐ Yes If yes, please explain Traffic citations and accidents for the past two years REFERENCES **DO NOT USE FAMILY MEMBERS AS REFERENCES**. List four (4) individuals you have known for at least 5 years Please list names, complete address with zip code and telephone number Name Address Zip Code Phone # 1 2 3 EDUCATION AND BACKGROUND AND MILITARY EXPERINCE Please check highest level of education completed High School Diploma Some High School Some College Study Graduate Degree College Degree Some Graduate Study High School Attended College Attended Military Service Branch Rank Time Served Date Discharged

EMPLOYER HISTORY: (Please fill out completely) If you are retired please note "Not Applicable"				
Current Employer	Occupation		om Date	To Date
Business Address (Including	city, state and zip code	Ph	one Number	
Employment for past five year	rs (Please include firm name, address, superviso	or, dates)		
1				
2				
3				
4				
Tell us a little about yo				
What are your hobbies a	nd interests?			
Have you volunteered be	efore?			
Do you prefer an office s	setting or a more active role?			
Please briefly state why you This question must be an	u wish to volunteer your time to the Highlan aswered	nd Police Department. (U	Jse other sheet if no	ecessary)