



SCARBOROUGH POLICE DEPARTMENT

VOLUNTEER APPLICATION

Personal Information

Name: _____ Date of Birth: _____

Address: _____ City/State/Zip: _____

Home Phone: _____ Work Phone: _____

Cell #: _____ Email: _____

Driver's License #: _____

Do you have any special requirements or a health condition that the Scarborough Police Department should be aware of while you are a volunteer? Yes No

If yes, please describe: _____

In case of emergency, please notify:

Name: _____ Relationship: _____

Home Phone: _____ Work phone: _____

In case of emergency, can we release the above information to the emergency medical crew, clinic, or hospital? Yes No

Volunteer Program Coordinator - Scarborough Police Dept.
246 U.S. Route 1
Scarborough, ME 04074 730-4244

Past Experience

Employment and/or Volunteer Experiences: _____

Education/Training: _____

Special Skills or Hobbies: _____

Foreign Language(s) Spoken: _____ Sign Language Ability: Yes No

Volunteer Opportunities

There are a variety of volunteer opportunities with the Scarborough Police Department. In order to provide maximum satisfaction, volunteers will be carefully matched according to their choice, skills, and available assignments.

Do you have a volunteer preference? _____

Times Available: Morning Afternoon Evening
Monday Tuesday Wednesday Thursday Friday Weekends

References

List two reference (other than family) that the Scarborough Police Department can contact and their relationship to you (friend, employer, etc.)

Name: _____ Phone: _____ Relationship: _____

Address: _____ City/State/Zip: _____

Name: _____ Phone: _____ Relationship: _____

Address: _____ City/State/Zip: _____

Background Statement

By my signature, I authorize the Scarborough Police Department to perform a background check of my criminal record.

Signature: _____ Date: _____

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