

ZEPHYRHILLS POLICE DEPARTMENT

VOLUNTEER PROGRAM

APPLICATION

Please complete application and return to Lieutenant M. Hillen
6118 8th St Zephyrhills, FL 33542
mhillen@police.zephyrhills.fl.us

NAME: _____

HOME ADDRESS: _____

EMAIL ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

DATE OF BIRTH: _____ SOCIAL SECURITY: _____

DO YOU POSSESS A VALID FLORIDA DRIVER'S LICENSE? _____ YES _____ NO

DRIVER'S LICENSE OR ID NUMBER: _____ EXPIRATION DATE: _____

HAS YOUR DRIVING PRIVELEGE EVER BEEN SUSPENDED OR REVOKED? _____ YES _____ NO

IF YES STATE WHEN, WHY AND WHERE: _____

HAVE YOU EVER BEEN ARRESTED OR CONVICTED OF A CRIME OR THE DEFENDANT IN A LEGAL PROCESS?
IF YES PLEASE EXPLAIN: _____

WHAT WERE THE EXACT CHARGE (S) DATE (S) OF OCCURRENCE AND THE LOCATION OF THESE ACTION (S)?

PAST WORK EXPERIENCE

EMPLOYER: _____ PHONE: _____

ADDRESS: _____

DATE OF EMPLOYMENT: _____ TO: _____

EDUCATION

HIGH SCHOOL: _____ DATE GRADUATED: _____

COLLEGE: _____ DATE GRADUATED: _____

PAST VOLUNTEER POSITIONS YOU HAVE BEEN INVOLVED IN: _____

EMERGENCY CONTACT INFORMATION

NAME: _____ PHONE: _____

ADDRESS: _____

RELATIONSHIP: _____

AREAS OF INTEREST

ADMINISTRATION **CRIME PREVENTION** **CITIZEN'S PATROL** **COMMUNICATIONS**

FINGER PRINTING OTHER: _____

SIGNATURE: _____

PLEASE USE THE SECTION BELOW AND THE BACK OF THIS PAGE FOR ANY ADDITIONAL ENTRIES OR INFORMATION: _____

01/25/18