



APPLICATION
PARKERSBURG POLICE DEPARTMENT'S
VOLUNTEER PROGRAM

Name: _____
Last First Middle (Maiden Name)

Address: _____
Street/Apt # City State Zip

Phone: Home: _____ Work: _____ Cell: _____

Social Security Number (last four only): _____ Date of Birth: _____

Drivers License: State: _____ Number: _____ Expires: _____

Class: _____ License Currently Valid? Yes No Sex: Male or Female

Have you ever been charged with a crime? Yes No

Have you ever been convicted of a felony? Yes No

Have you ever been convicted of a crime or traffic offense requiring jail time? Yes No

Physical Condition: Excellent Good Fair Poor

Employer: _____

Address: _____
Street/Apt. # City State Zip

Job Title/Duties Performed: _____

Please provide the names and phone numbers of two (2) character references:

1. _____

2. _____

I affirm that the information on this application is true and complete to the best of knowledge. I understand that deliberate false statements or the withholding of information may make me ineligible to be considered as a police volunteer. I understand the police department reserves the right to disqualify anyone convicted of a felony or certain misdemeanors from participation as a police volunteer. I give the Parkersburg Police Department permission to conduct any background investigation they deem necessary on me as part of the processing of this application, and to use any information obtained in accordance with the policies of the Parkersburg Police Department.

Applicant's Signature: _____ Date: _____

CAREFULLY READ AND SIGN THE FOLLOWING:

I am applying to be a Parkersburg Police Department volunteer. In consideration of my being permitted to be a police department volunteer, I agree to assume all risks associated with my participation, and release and hold harmless the City, its officers, agents and employees from and against any and all claims, damages, liabilities, costs and expenses, including attorney's fees, arising out of my participation, including without limitation any personal or bodily injuries or property damage that I may incur as a result of the actions of myself or other persons. I agree to abide by all rules and instructions given by the City, its officers, agents or employees with respect to my participation. I warrant that I am of legal age and fully understand the foregoing terms.

Applicant's Signature: _____ Date: _____

Return this application promptly to:

**Parkersburg Police Department
Volunteer Program
#1 Government Square
Parkersburg, WV 26102**

(Created October 25, 2012-wgc)

