



**Please describe any current or former volunteer experience.**

**Please describe what areas/roles, if any, which you would like to volunteer in within our department.**

**Please list employment and volunteer history for the past five years. Please indicate if you have not been employed or volunteered for the past five years.**

f f f				
Present Employer	Position Title	Phone Number	Supervisor Name/Title	Dates of Employment
f f f				
Former Employer	Position Title	Phone Number	Supervisor Name/Title	Dates of Employment
f f f				
Former Employer	Position Title	Phone Number	Supervisor Name/Title	Dates of Employment

**Please list three references of adults unrelated to you.**

f f f			
Name	Relationship	Phone Number	Address/Email Address
Name			
Name	Relationship	Phone Number	Address/Email Address
Name			
Name	Relationship	Phone Number	Address/Email Address

### **Waiver & Release of All Claims**

By signing this volunteer application, I acknowledge my interest in participating as a volunteer in the City of Palm Beach Gardens' "Volunteers In Police Service" (VIPS) program, and I hereby agree to additional screening for placement in same. I am fully aware that said additional screening may include but is not limited to employment records, residential history, personal references, local law enforcement check, and criminal information records.

I also understand that submittal of a volunteer application and/or subsequent screening, additional or otherwise, does not guarantee my placement in the VIPS program; nor does it guarantee that my services as a volunteer will be utilized in the particular areas of interest as indicated on my Volunteer application.

I have read and fully understand this waiver, and sign it of my own free will. I understand that completion of this form including my signature is required in order to be considered for volunteer placement. I further certify that I am a minimum of eighteen (18) years of age.

Signature

Date

Palm Beach Gardens



**PALM BEACH GARDENS POLICE DEPARTMENT  
VOLUNTEER BACKGROUND SCREENING INFORMATION**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Other Names (Maiden, Alias, etc.) \_\_\_\_\_ Sex  M  F Race \_\_\_\_\_

Drivers License # \_\_\_\_\_ State \_\_\_\_\_

Highest Level of Education:  HS/GED  Associates Degree  Undergraduate Degree  
 Post Graduate Degree  Other \_\_\_\_\_

In addition to the current address or seasonal address provided on your application, please list all previous home addresses for the last five years. Use another sheet if necessary.

Street Address \_\_\_\_\_ Apt. # \_\_\_\_\_

Street Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Dates of Occupancy \_\_\_\_\_

Dates of Occupancy \_\_\_\_\_

Street Address \_\_\_\_\_ Apt. # \_\_\_\_\_

Street Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Dates of Occupancy \_\_\_\_\_

Dates of Occupancy \_\_\_\_\_

Please list all employment and volunteer history for the last five years. Use another sheet if necessary.  Check here if you have not been employed or volunteered for the last 5 years.

Present Employer \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

Street Address \_\_\_\_\_

Dates Employed \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Position Title \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Previous Employer

\_\_\_\_\_  
Name of Supervisor

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Dates Employed

\_\_\_\_\_  
City                      State                      Zip Code

\_\_\_\_\_  
Position Title

\_\_\_\_\_  
\_\_\_\_\_  
Please list three references of adults **not** related to you. Youth volunteers may supply a reference from a coach, teacher, etc.)

\_\_\_\_\_  
Name                      Phone #                      Relationship                      Address

\_\_\_\_\_  
Name                      Phone #                      Relationship                      Address

\_\_\_\_\_  
Name                      Phone #                      Relationship                      Address

I hereby authorize and give consent for the City of Palm Beach Gardens to obtain information about me, either in writing or by telephone, for purposes of volunteer background screening and placement. This information may include but is not limited to employment and volunteer records, any and all criminal information records, personal references, and other background information.

I understand that completion of this form is required in order to be considered for a volunteer position and that such information will be held in confidence in accordance with the organization's guidelines.

Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent or Guardian **if Applicant is under 18 years of age:**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_