CELINA CITIZENS POLICE VOLUNTEER APPLICATION

FULL NAME:		**DATE OF BIRTH:**		
RACE:	**SEX: ☐MALE ☐FEMALE**	**(NEEDED TO COMPLETE BACKGROUND CHECK)**		
ADDRESS:		**CITY:**	**STATE:**	**ZIP:**
HOME / CELL PHONE:		**BUSINESS PHONE:**		
EMAIL:		**DL OR STATE ID #:**		
DO YOU LIVE IN CELINA? ☐YES ☐NO		**DO YOU WORK IN CELINA? ☐YES ☐NO**		
HOW DID YOU HEAR ABOUT THE POLICE VOLUNTEER GROUP?				

BACKGROUND INFORMATION

BRIEFLY EXPLAIN WHY YOU WOULD LIKE TO BE A POLICE VOLUNTEER:

HAVE YOU EVER BEEN ARRESTED FOR, CONVICTED OF, OR CITED FOR AN OFFENSE OTHER THAN A TRAFFIC VIOLATION? ☐YES ☐NO

HAVE YOU BEEN PARTY TO A CIVIL LAWSUIT IN THE PAST 10 YEARS? ☐YES ☐NO
(IF YES, EXPLAIN THE DETAILS ON A SEPARATE SHEET OF PAPER, INCLUDING CHARGES, PLACES, ACTIONS TAKEN, ETC.)

EMPLOYMENT INFORMATION

PRESENT EMPLOYER:		**DATE HIRED:**	
OCCUPATION AND JOB TITLE:			
EMPLOYER'S ADDRESS:	**CITY:**	**STATE:**	**ZIP:**
MAY WE PLACE YOUR NAME, ADDRESS AND PHONE NUMBER ON A GROUP ROSTER? ☐YES ☐NO			
IN CASE OF EMERGENCY, PLEASE CALL:		**PHONE:**	

CERTIFICATION AND SIGNATURE

I hereby certify that there are no willful misrepresentations, omissions or falsifications in the foregoing statements and answers to questions. I understand that any omission or false statement on this application shall be sufficient cause for rejection of enrollment or dismissal from the Celina Citizens Police Volunteer Group. I understand that to participate in the group volunteer program, I must attend training provided by the Celina Police Department. I will abide by all rules and regulations set forth by the Celina Police Department and the City of Celina and will provide my own transportation and insurance. I further understand that the Celina Police Department will conduct a thorough background investigation that may include criminal history information, employment history and personal references. The Celina Police Department reserves the right to deny any applicant.

APPLICANT SIGNATURE:	**DATE:**

RETURN TO THE CELINA POLICE DEPARTMENT ATTN: CPL. KATHERINE KOZAREVICH 501 E. PECAN ST. CELINA, TX 75009	OFFICE: 972.382.2121 FAX: 972.382.3879 EMAIL: kkozarevich@celina-tx.gov