

CELINA POLICE CLERGY GROUP APPLICATION

FULL NAME:		DATE OF BIRTH:	
RACE:	SEX: <input type="checkbox"/> MALE <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO		DO YOU WORK IN CELINA? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HOW DID YOU HEAR ABOUT THE POLICE CLERGY GROUP?			
BACKGROUND INFORMATION			
BRIEFLY EXPLAIN WHY YOU WOULD LIKE TO BE A POLICE CLERGY VOLUNTEER:			
HAVE YOU EVER BEEN ARRESTED FOR, CONVICTED OF, OR CITED FOR AN OFFENSE OTHER THAN A TRAFFIC VIOLATION? <input type="checkbox"/> YES <input type="checkbox"/> NO			
HAVE YOU BEEN PARTY TO A CIVIL LAWSUIT IN THE PAST 10 YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF YES, EXPLAIN THE DETAILS ON A SEPARATE SHEET OF PAPER, INCLUDING CHARGES, PLACES, ACTIONS TAKEN, ETC.)			
RELIGIOUS AFFILIATION 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? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IN CASE OF EMERGENCY, PLEASE CALL:		PHONE:	
CERTIFICATION AND SIGNATURE			
<p>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.</p>			
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	