



KENNETH CITY POLICE DEPARTMENT

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Volunteer Application

Instructions: Please type or print clearly. Answer all questions. If a question does not apply, indicate it is not applicable (N/A). An application that is incomplete or contains false statements may result in the loss of a volunteer opportunity. A background check will be conducted on volunteer applicants, to include, criminal history, driving record, and employment.

Submit your application to **Email :** kennethcitypolice@kennethcityfl.org
or deliver to **Address :** 4600 58th St N., Kenneth City, FL 33709

If you have any questions regarding the application or application process, call us at (727) 498-8942.

Personal Information					
Today's Date :		Name :			
Address :					
Driver's License Number :				State Issued :	
Date of Birth :		Gender :	M [] F []	US CITIZEN :	Yes [] No []
Home Phone :			Cell Phone :		
Email address :					
Are you currently employed?	Yes [] No []	Dates :			
Employer :					
If 'No', Please list your previous two places of employment :					
1.					
2.					
What days are you available to volunteer?	Mon [] Tue [] Wed [] Th [] Fri [] Sat [] Sun []				
What hours are you available?					
Are you affiliated with any organizations, clubs or charities? Yes [] No []					
Please Specify					
Do you have any hobbies or interests?					
Personal References (Do not include family members)					
Reference 1 Name :					
Reference 1 Email Address :					
Reference 1 Phone number :					
How is this person known to you?					
Reference 2 Name :					



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Reference 2 Email Address :					
Reference 2 Phone number :					
How is this person known to you?					
Background Information					
Have you ever been convicted of a felony or misdemeanor, regardless of whether the sentence was suspended, adjudication withheld, you pled no contest, or the conviction was sealed or expunged?	Yes [] No []				
Have you ever received a Dishonorable or an Undesirable Discharge from the US Military?	Yes [] No []				
Within the last twelve months have to possessed or used any illegal drug or influenced, persuaded or attempted to influence or persuade another person to use illegal drugs?	Yes [] No []				
If you answered YES to any of the questions in this section, please provide an explanation below, Including dates.					
Emergency Contacts					
Name:		Relationship:		Phone :	
Name:		Relationship:		Phone :	

I hereby certify that the answers provided on this application are true and complete to the best of my knowledge. You are hereby authorized to make any investigations on my personal history.

Applicant Signature

Date