Lisbon Police Department

CITIZEN OUTREACH for ELDERS PROGRAM

Volunteer Application

Date_____

Name: _____

(First) (Middle Initial) (Last)

Address: _____

(Street) (City) (State)

Home Phone #: (____) ____-_____ Work or Cell Phone #: (___) ____-_____

Date of Birth: ___/___/___ Driver's License Number: _____State: _____

IN CASE OF EMERGENCY - PLEASE NOTIFY:

Name: _____ Relationship: _____

Address: _____

(Street) (City) (State) (Zip Code)

Daytime Phone #: _____ Other Phone #: _____

Are you presently employed? ____ Retired? ____ Other? _____

Present employment:

Present Employer:	**Title or Position:**
Address:	**Employed since:**

Volunteer Positions:

Most recent organization:	**Position or duties:**
Address:	**Dates**

Have you ever been convicted of a crime? Yes ____No ____

If you answered "yes" to this question, please explain:

_____

_____

Please complete the reverse side of this form. ——————►

Professional or Personal References
(Please list three references that you have known for three years or longer)

NAME	ADDRESS	PHONE #

Authorization for Basic Criminal Background Check

I, _____, hereby authorize the Lisbon Police Department to conduct a basic criminal background check on me for the purposes of this volunteer position. I also authorize the Lisbon Police Department to contact my personal or professional references listed within this application.

Signature _____

Social Security # _____ Date of birth _____
(Needed for background check)

Thank You!

Thank you for applying to become a volunteer for the Citizen Outreach for Elders Program! We appreciate your time and commitment to this valuable community endeavor. Your volunteer time and commitment are very important to the success of this program. We will contact you very soon regarding this application.

Please return completed application to:

Lisbon Police Department
300 Lisbon St.
Lisbon, Maine 04250
Attention: Chief Ryan McGee
207-353-2500