

**You MUST be a U.S. citizen and twenty-one (21) years  
of age to apply**

**NAME:** \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE/MAIDEN)

# **VOLUNTEER APPLICATION**



**LEESBURG POLICE CITIZENS SUPPORT TEAM, INC.**

**65 Plaza Street NE, Leesburg, Virginia 20176**

**703-771-4522**

**AN EQUAL OPPORTUNITY ORGANIZATION**

PLEASE READ THESE INSTRUCTIONS  
BEFORE YOU COMPLETE THIS APPLICATION

- **You MUST be a U.S. citizen and twenty-one (21) years of age to apply**

Complete the ENTIRE application. Incomplete applications will NOT be considered.

Mail or bring your application to the  
**Leesburg Police Safety Center**

1. PRINT NAME \_\_\_\_\_  
(Last) (First) (Middle/Maiden)

2. ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

3. PHONE Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_  
 Cell phone (\_\_\_\_) \_\_\_\_\_ Pager (\_\_\_\_) \_\_\_\_\_

4. SOCIAL SECURITY NUMBER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

5. EMAIL ADDRESS \_\_\_\_\_

6. Do you have a valid driver's license?  Yes  No CDL?  Yes  No State \_\_\_\_\_

7. Have you ever worked in a field related to Law Enforcement?  Yes  No

8. Are you a veteran?  Yes  No

9. Education: Circle the highest grade you completed: 1 2 3 4 5 6 7 8 9 10 11 12

Name of the last High School you attended: \_\_\_\_\_

High School location: \_\_\_\_\_

Did you graduate?  Yes  No If not, have you passed a G.E.D. test?  Yes  No

College or other studies:

School & Location	From	To	Date Graduated	Degree	Area of Study

9. SPECIAL QUALIFICATION AND SKILLS: (computer skills, foreign language, professional licenses and certificates, publications, scholastic honors, etc.)

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10. EXPERIENCE: Start with your present job and work back, include military and volunteer experience. Additional experience should be listed by attaching separate sheets of paper or a personal resume. Be sure to include requested information.

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

Address \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_ Job Title \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Hours per Week \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Work Description \_\_\_\_\_

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Reason for Leaving \_\_\_\_\_

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Employer \_\_\_\_\_

Address \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_ Job Title \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Hours per Week \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Work Description \_\_\_\_\_

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Reason for Leaving \_\_\_\_\_

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Employer \_\_\_\_\_

Address \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_ Job Title \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Hours per Week \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Work Description \_\_\_\_\_

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Reason for Leaving \_\_\_\_\_

