

**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.)

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.

Present Employer _____

Address _____

Phone Number (____) _____ Job Title _____

Dates of Employment: From _____ To _____ Hours per Week _____

Supervisor's Name _____ Work Description _____

Reason for Leaving _____

Employer _____

Address _____

Phone Number (____) _____ Job Title _____

Dates of Employment: From _____ To _____ Hours per Week _____

Supervisor's Name _____ Work Description _____

Reason for Leaving _____

Employer _____

Address _____

Phone Number (____) _____ Job Title _____

Dates of Employment: From _____ To _____ Hours per Week _____

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