

**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 \_\_\_\_\_

11. REFERENCES:

Name	Address	Phone Number	Years Known
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12. Have you ever been dismissed or forced to resign a position?  Yes  No

If "Yes", please explain. \_\_\_\_\_

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13. Have you ever been convicted of any offense against the law? Omit juvenile offenses and minor traffic violations. Include convictions by general court martial while in the military.  Yes  No

If "Yes", give date, place, charge, court and fine or sentence.

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A conviction does not automatically mean you cannot serve as a volunteer. What you were convicted of and how long ago are important. Give all the facts so that a decision can be made.

14. How did you learn about the Leesburg Police Citizens Support Team, Inc.?

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15. May we conduct a background check of your qualifications, references and employment history?

Yes  No If "NO", please explain.

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**ATTENTION: THIS STATEMENT MUST BE SIGNED.**

I certify that the statements made by me in this application are true, complete and correct to the best of my knowledge, and that misrepresentation or omissions may result in rejection of my application.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

*Personal History Statement*

TOWN OF LEESBURG  
POLICE DEPARTMENT  
65 PLAZA STREET NE  
LEESBURG, VIRGINIA 20176  
(703) 771-4500

AUTHORIZATION TO RELEASE INFORMATION

This is to certify that I, \_\_\_\_\_, am an applicant for the position of Citizens Support Team member with the Leesburg Police Department and that I do hereby authorize the release of any and all information to the Leesburg Police that they may request from whom ever they may deem it necessary to make such a request, from any of my records or files. Such information will include, but will not be limited to: hospital records, medical records, military records, police records, arrest records, court records, police reports including juvenile records, credit records, background investigative material and reports, employment records, attendance records, traffic records, confidential records, educational records and transcripts, etc. I also release all persons from any liability which could result from furnishing said information to the Leesburg Police.

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Further, I authorize the Leesburg Police to Xerox, copy or otherwise reproduce this original document, and to let such Xeroxed, copies or otherwise reproduced copy act as the original document. The original document is to be retained on file with the Leesburg Police.

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I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me.

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\_\_\_\_\_ Date

\_\_\_\_\_ Signature

\_\_\_\_\_ Address

City/County of \_\_\_\_\_ Commonwealth of Virginia.

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Witness my hand and official seal.

\_\_\_\_\_ Notary Public

My Commission Expires \_\_\_\_\_.

*Personal History Statement*

SIGNATURE PAGE

If information should surface during the stages of this investigation which would disqualify you from further consideration, the investigation will be terminated immediately and you will be notified accordingly,

You are advised that each statement given on this application will be investigated and any inaccurate, untruthful or misleading answer will be cause for rejection.

I hereby certify that all the foregoing answers are accurate and true to the best of my knowledge.

\_\_\_\_\_  
Date                      Signature

City/County of \_\_\_\_\_ Commonwealth of Virginia.

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Witness my hand and official seal.

\_\_\_\_\_  
Notary Public

My Commission Expires \_\_\_\_\_.