



Erie Police Department Volunteer Application



Today's Date:
(MM/DD/YY)

____/____/____

Time:

Contact Information

Name: _____ Email: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Daytime Phone: _____ Cell: _____

Date of Birth: _____ Please list your age if you are less than 18 years: _____

How did you hear about volunteer opportunities with the Erie Police Department?

<input type="checkbox"/> Town Employee	<input type="checkbox"/> Erie's Website	<input type="checkbox"/> "Notify Me" Email	<input type="checkbox"/> Citizen's Academy Alumni	<input type="checkbox"/> Erie Community Center
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Please answer the following questions to help us match you with a volunteer opportunity that best matches your preferences, time commitment, interests, and skills:

Do you prefer:	<input type="checkbox"/> A regular/ongoing commitment?	<input type="checkbox"/> One-time/Special Event?
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Indicate day(s) and time(s) that work best with your schedule:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Special Assignments
<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning
<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon
<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening

Do you have any areas of interest that you are hoping to learn more about by doing volunteer work?:

List your skills related to your area of interest:

What are your hobbies/special interests?:



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Education & Employment Information

Tell us about your educational background:	<input type="checkbox"/> High School/GED Graduate	<input type="checkbox"/> Some College	<input type="checkbox"/> College Graduate Degree/Emphasis: _____

If employed, place of employment:	
<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time

List three (3) references, other than family members

Name	Phone	Relationship

On-Going Volunteer Opportunities

Below is a general listing of volunteer opportunities available with the Police Department.

Please rank the areas you are interested in.

#1 being the area you are most interested in.

	Data Entry
	General Office Duties
	Special Events

Please return completed form to:

Erie Police Department

1000 Telleen Avenue

Erie, CO 80516

303-926-2800

Fax: 303-926-2805

Email: slambert@erieco.gov

For more information, contact Sarah Lambert at 303-926-2800 or slambert@erieco.gov