



VOLUNTEER APPLICATION

RAWLINS POLICE DEPARTMENT

PO BOX 953
RAWLINS, WY 82301
307-328-4530
FAX 307-328-4588

web site: www.rawlins-wyoming.com



PLEASE PRINT

Name:

(Last)

(First)

(Middle)

(Nicknames)

Address: _____

(PO Box)

(Street)

(City)

(State)

(Zip)

Telephone: _____ **Mobile/Beeper/Other:** _____

For the purpose of background verification, please provide the following:

Height: _____ **Weight:** _____ **Hair Color:** _____ **Eye Color:** _____

Scars, tatoos, or other distinguishing marks: _____

Have you ever been convicted of a felony? Yes No

If yes, please explain: _____

CONVICTION WILL NOT NECESSARILY BE A BAR TO VOLUNTEERING AT THE SHELTER. EACH INSTANCE AND EXPLANATION WILL BE CONSIDERED IN RELATION TO THE POSITION FOR WHICH YOU ARE APPLYING.

Birth date: _____ **Birthplace** _____

Drivers License #/STATE: _____ **Social Security #:** _____

You must be a citizen of the United States or a permanent resident alien who is eligible for and has applied for citizenship. Can you provide such documentation? Yes No

I possess a High School Diploma **G.E.D.** **Other equivalent (explain)** _____

For office use only:

Process	Date completed	By (print name)	Signature
Records Check			
Admin Approval			
Chief Approval			
Sent to ACO/contact Volunteer			
Volunteer Training completed			