

COMMUNITY SERVICES VOLUNTEERS  
ROCHESTER / OLMSTED COUNTY LAW ENFORCEMENT

NAME: \_\_\_\_\_  
(last) (first) (full middle)

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

VALID DRIVER LICENSE? YES: \_\_\_\_ NO \_\_\_\_ LICENSE NUMBER \_\_\_\_\_

PREVIOUS WORK EXPERIENCE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ARE YOU PRESENTLY EMPLOYED? YES \_\_\_\_ NO \_\_\_\_ If yes, hours worked per week: \_\_\_\_\_

MOST RECENT EMPLOYMENT (LAST 5 YEARS):

PREVIOUS EMPLOYER: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

PREVIOUS EMPLOYER: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

SPECIAL INTERESTS, SKILLS OR HOBBIES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PREVIOUS VOLUNTEER EXPERIENCE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

AVAILABLE TO WORK: HOURS PER WEEK: \_\_\_\_\_ DAY(S) AVAILABLE \_\_\_\_\_

EMERGENCY CONTACT PERSON: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

ARE YOU VOLUNTEERING FOR:

T.R.I.A.D. \_\_\_\_\_

VIPS \_\_\_\_\_

OTHER \_\_\_\_\_

**RETURN BY POSTAL MAIL TO:**

**CRIME PREVENTION UNIT  
ROCHESTER POLICE DEPARTMENT  
101 4 ST SE  
ROCHESTER, MN 55904-3761**