Gladewater Special Services Division Volunteer Program (SSD)

Application Form

By completing this application and providing the information below, I understand that I am requesting to participate in the Special Services Division Volunteer Program sponsored by the Gladewater Police Department. As an applicant, I understand the Police Department may conduct a minimal background check for criminal history. The information provided will be kept strictly confidential and will be destroyed at the end of participation or as soon as practical if denied involvement in the program.

FULL NAME:	PHONE NUME	PHONE NUMBER:		
HOME ADDRESS:	City:	ST:		
EMPLOYER:	WORK NUME	WORK NUMBER:		
DRIVERS LICENSE NUMBER:	State:	DOB:		
EMAIL:				
ARE YOU A CITIZEN OF GLADEWATER: Yes No				
EMPLOYED IN GLADEWATER: Yes No				
HAVE YOU EVER BEEN CONVICTED OF A FELONY: Yes No				
HAVE YOU EVER SERVED AS A VOLUNTEER FOR A LAW ENFORCEMENT A	GENCY: Yes N	o		
IF SO, WHERE AND WHEN?		-		
By Submitting the form and signing your name you agree to the following	g:			
I, the undersigned, as an applicant of the Special Services Division Vo Police Department, agree to allow the police department to run a mini understand that my participation does not qualify me to be or to act as Department has the right to accept or reject my application for any reason	mal background che a peace officer in t	eck on me. If selected, I also		
Signature of Applicant	Date of Applicati	ion		