

LOUISVILLE METRO POLICE DEPARTMENT VOLUNTEER IN POLICE SERVICE PROGRAM

Application

Name:			Sex: 🗌 Ma	le 🗌 Female	
Last	First	Middle			
Date Of Birth:		_ Social Security Nur	mber:		
(N	onth/Day/Year)				
Race: African-Ar	nerican 🗌 Caucas	sian 🗌 Hispanic 🗌	Asian Other: _		
Previous Names:		en names, previous marri			
	(Include maid	en names, previous marri	ed names, aliases)		
Address:					
(St	reet)	(City)	(State)	(Zip Code)	
Home Phone #: _(_)	Other Contact #: _()			
former employer and	title.				
Education: List edu Name of School		ginning with high so n of School		or Units Completed	
Employment: List v	ork history for pa	st 5 years.			
Employer			or Position		
Address		Date of Employment			
Employer		Title or Position			
Address		Date of Employment			
Employer		Title or Position			
Address		Date of Employment			

Have you ever	ory: r been convicted of a felo r been convicted of a mise the following information	demeanor?	es		
Date	Charge(s)	Police Agency	Disposition/Penalty		
Additional Comments or Continuation:					
Authorization for release of records:					
to request of a (including, but the Louisville I	any law enforcement ager not limited to, traffic viola Metro Police Department,	ncy or former employer to re tion(s), conviction(s), and p	pending criminal charge(s) to may be sought in connection		
		(Signature)			
		Thank you			

Thank you...

Thank you for applying to become a volunteer with the Louisville Metro Police Department. We appreciate the time you took to complete this form and we will contact you in the near future regarding this application.

Please return completed application to:

Louisville Metro Police Department Office of Community Relations Volunteer In Police Service Program 633 W. Jefferson St. Louisville, KY 40202