



Maryland - National Capital Park Police, PG Div.
Park Police Volunteer Association
6700 Riverdale Road, Riverdale, MD 20737-1779
301-429-5623

Volunteer Application

Please type or print

Personnel

Name _____
Last First MI Preferred Name

Address _____
No. Street City State Zip

Occupation _____ Employer _____

Day Phone # (_____) _____ - _____ Evening Phone # (_____) _____ - _____

E-Mail Address _____

I am under 18 years of age _____ Date of Birth _____

Education

High School _____ Graduation Date _____

College _____ Major _____

Degree(s) _____ Other _____

Volunteer & Employment History

Have you ever volunteered for the Prince Georges County Dept. of Parks & Recreation? _____

If so, where? _____ Supervisor: _____ Dates: _____

List and give brief descriptions of duties for your three most recent work/volunteer experiences.

1. _____
2. _____
3. _____

Hobbies & Interests: _____

Membership, Affiliation, & Clubs: _____

Basic Skills:

Check any skills that you are expert or proficient and would like to share:

- | | | |
|---|-----------------------------|----------------------|
| ____ Organizing | ____ Gardening/Horticulture | ____ Office Work |
| ____ Computer | ____ Data Entry | ____ EMT/First Aid |
| ____ Talking to People | ____ Work with Children | ____ Work w/ Adults |
| ____ Volunteer Coordination | ____ Crafts (List) | ____ Other Languages |
| ____ Work with Animals (List which types) _____ | | |

Other _____

Special Training

List any course work, training, or experience which may be applicable (for example: First Aid or EMT courses.)

Availability/Interests

When are you available to volunteer? (circle) Morning Afternoon Evening Night Weekends

Preferred Day (s): _____ Hours/Week _____ Days/Month _____

How did you hear about this Volunteer Program? _____

Why are you interested in volunteering with the Park Police? _____

Is your volunteer work to be used towards credit of fulfillment of a Community Service or School Requirement?

Yes _____ No _____ If yes, please describe. _____

Medical

Do you have any medical conditions that we should consider in making placement suggestions? (For example: heart condition, asthma, allergies, bee stings, back problems) Specify: _____

Emergency Contact

Name	Phone Number	Relationship
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Criminal and/or Civil Court Record

(A conviction does not automatically exclude you from consideration for volunteering) Have you ever been convicted for other than minor traffic violations? Yes _____ No _____ If yes: please give complete details:

References

Provide information for two references of persons not related to you.

Name	Address	Phone Number	Relationship
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Name	Address	Phone Number	Relationship
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I certify that the information stated on this application is true and correct to the best of my knowledge and beliefs and made in good faith. Any false statements made by me may be used as a rejection of this application.

Signature: _____ Date: _____

It is the intent of the Maryland-National Capital Park Police to provide equal opportunity to all volunteers, in all terms, privileges and conditions without regard to sex, race, religion, national origin, physical disability, or any other factor.

Thank you for taking the time to fill out this application. Once received, you will be contacted by the Park Police Volunteer Association Coordinator as soon as possible. We look forward to working with you and appreciate the generous offering of your time and skills.