



Russ E. Mager
Chief of Police

Delray Beach Police Department

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VOLUNTEER APPLICATION

Please email application to PDvolunteers@mydelraybeach.com

NAME: _____ AGE: _____

ADDRESS: _____ DATE OF BIRTH: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ CELL: _____ E-MAIL: _____

DRIVERS LICENSE NUMBER: _____ STATE: _____

ARE YOU CURRENTLY EMPLOYED? _____ FULL OR PART TIME: _____

OCCUPATION IF EMPLOYED (OR PREVIOUSLY, IF RETIRED): _____

ARE YOU A FULL TIME RESIDENT IN THE CITY OF DELRAY BEACH? _____

DO YOU HAVE ANY PHYSICAL CONDITION WHICH WOULD PREVENT YOU FROM PERFORMING YOUR
WORK AS A POLICE VOLUNTEER? _____ IF YES, PLEASE EXPLAIN:

EMERGENCY CONTACT: NAME: _____ PHONE: _____

HAVE YOU EVER BEEN ARRESTED? _____ INCARCERATED? _____

ARE YOU A GRADUATE OF THE DELRAY BEACH CITIZENS POLICE ACADEMY? _____

I hereby certify that all statements on this application are true to the best of my knowledge. I also give the Delray Beach Police Department full permission to make any and all inquiries into my personal and Delray Beach Police Department business affairs, as well as criminal history and driver's license records, or anything else deemed necessary in the interest of the Department and my appointment therein.

SIGNATURE: _____ DATE: _____

(Continued on Reverse Side)

NOTE: ALL NEW MEMBERS HAVE A 6-MONTH PROBATION PERIOD FROM THE DATE OF THIS APPLICATION. ALL TRAINING SESSIONS, MEETINGS AND WORK ASSIGNMENTS MUST BE FULFILLED TO PREVENT TERMINATION FROM THIS PROGRAM.

OFFICE USE ONLY

DIVISION: ADMIN/COP-_/CORP/DRP/HARP/HFS/HIRP/MTM/PES/SS/TR/VMP/VSS

CRIMHIS: N Y

DLCK: V S E N

PALMS: C A

29P: C A

WHICH AREA(S) OF OUR VOLUNTEER PROGRAM ARE YOU INTERESTED IN SERVING?

HOW MUCH TIME ARE YOU WILLING TO DONATE AS A VOLUNTEER?

_____ HOURS / WEEK < OR > _____ DAYS / MONTH

DO YOU HAVE ANY SPECIALIZATIONS OR SKILLS WHICH COULD BENEFIT OUR VOLUNTEER PROGRAM (I.E. COMPUTER OPERATION, CLERICAL, MARITIME LICENSING, PHOTOGRAPHY, ADVERTISING, ETC.)