

HOWARD COUNTY DEPARTMENT OF POLICE



Volunteer Application

Complete the application entirely and submit with a copy of your driver's license or other photo identification and social security card. This form may be completed electronically but requires original signatures (e-signatures not accepted). A background investigation is required for this position. Email, mail, fax or hand deliver this form to:

**Howard County Police Department
Police Personnel
3410 Court House Drive
Ellicott City, MD 21043
FAX 410-313-3212 Phone 410- 313-2255.
HCPDBackgrounds@howardcountymd.gov**

CONTACT INFORMATION

| | | |
|------------------------------------------------------------------------------------------------------|--------------------------------|--------------|
| 1. Last Name, First Name, Middle Name (complete and full name): | | |
| 2. Your Current Address (Street, City State, Zip code) | | |
| 3. Home Phone: | 4. Work Phone: | |
| 5. Cell Phone: | 6. E-mail Address: | |
| 7. Social Security #: - - | 8. Date of Birth (MM/DD/YYYY): | |
| 9. <i>Race and Gender information are needed for security clearance purposes:</i> | | |
| Race: | Gender: | |
| 10. Place of Birth: | | |
| 11. List the name, relationship and phone number of someone we can contact in an emergency: | | |
| Name | Relationship | Phone Number |
| 12. Please list complete previous addresses for the last 5 years and approximate dates of residence. | | |
| A. | From _____ To _____ | |
| B. | From _____ To _____ | |
| C. | From _____ To _____ | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------------------------------------------------------|
| D. | | From _____ To _____ |
| E. | | From _____ To _____ |
| 13. Are you a U.S. citizen? Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| 14. If Naturalized: Certificate # and Date: | | |
| 15. Country of Birth: | | 16. Current Citizenship: |
| 17. Do you possess a valid drivers license? Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| 18. License State and Number: | | 19. Expiration Date (Mo/Day/Yr): |
| 20. Do you now have or have you ever had a Driver's License in any other state? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please list: | | |
| 21. State: | License No.: | |
| 22. State: | License No.: | |
| 23. State: | License No.: | |
| 24. State: | License No.: | |
| Complete the below information for the vehicle you normally operate: | | |
| 25. Make: | | 26. Model: |
| 27. Plate #: | | 28. State: |
| EDUCATION | | |
| 29. What is your highest level of education? Check one: <input type="checkbox"/> H.S. Diploma <input type="checkbox"/> AA Degree <input type="checkbox"/> BA/BS Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> PhD <input type="checkbox"/> Other: _____ | | |
| 30. List any Training, Certifications or Licensing you possess: | | |
| | | |
| | | |
| SKILLS | | |
| 31. 2 nd Language: | | 32. Rate your 2 nd language Speaking Ability: |
| 33. Rate your 2 nd language reading and writing ability: | | |
| 34. Computer Skills: | | |
| 35. Office Skills: | | |
| 36. Other Special Skills: | | |
| 37. Please explain why you are interested in being a Volunteer with our agency and how you learned about our program: | | |

38. Do you have any previous Intern or Volunteer experience: Yes No
If yes, provide a brief description: (List any and all - for example, church, school, community, etc.)

39. Are you currently Volunteering anywhere else? If Yes, where? Please provide contact information of any current other volunteer positions. Yes No

WORK EXPERIENCE

40. Employment Status: Unemployed Full Time Part Time Retired Student

41. Current Employer:

42. Employer Address:

43. Employer Phone #:

44. Job Title/Occupation:

45. Dates Employed:

46. Supervisor's Name:

47. Supervisor's Phone #:

48. Previous Employer:

49. Previous Employer's Address:

50. Previous Employer's Phone #:

51. Job Title/Occupation:

52. Dates Employed:

53. Supervisor's Name:

54. Supervisor's Phone #:

MILITARY EXPERIENCE

55. Have you ever served in the armed forces: Yes No

56. Branch of Service/ Location:

57. Rank:

58. Specialty:

59. Type of Discharge:

AVAILABILITY

60. Volunteers are asked to provide a minimum of 8 hours each week for a 6 month period of time.

Check the days and the time of day when you are available to volunteer:

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Mornings Afternoons Evenings Nights or Midnight

61. What is your desired length of commitment (6 Months, 1 Year, or Longer)?

62. Date you would like to start?

BACKGROUND INFORMATION

List Reference Information (people who know you well)

Reference 1

63. Ref. #1 Name:

64. Address:

65. Day time Phone:

66. Cell Phone:

67. Relationship to you:

Reference 2

68. Ref. #2 Name:

69. Address:

70. Day Phone:

71. Cell Phone:

72. Relationship to you:

Reference 3

73. Ref. #3 Name:

74. Address:

75. Day Phone:

76. Cell Phone:

77. Relationship to you:



Howard County Police Department Security Clearance Questionnaire

Reason for Security Clearance (check one):

- Custodian Contractor (if outside Maryland, list state: _____)
 Volunteer Citizens' Advisory Council Citizens' Police Academy
 Police Foundation Intern Howard County Employee (list department: _____)

Required:

Attach a Copy of the Applicant's Driver's License

Last: _____ First: _____ Middle: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Cell Phone: _____ - _____ - _____ Work Phone: _____ - _____ - _____

Date of Birth: ____ / ____ / ____ Age: _____ Social Security Number: _____ - _____ - _____

If you have lived at the above address fewer than 5 years, list your addresses for the last 5 years

Street: _____

City: _____ State: _____ Zip Code: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Street: _____

City: _____ State: _____ Zip Code: _____

INSTRUCTIONS FOR ANSWERING THE FOLLOWING QUESTIONS

Provide completely truthful answers to all questions in this form. All answers and information you provide will be verified and checked by the Screening Section. Intentional false statements or intentionally misleading answers may result in the termination of consideration for employment or denial of a security clearance on grounds of dishonesty. Provide brief written explanations to all questions answered "Yes." List date, nature of charge, charging agency or department, and disposition (Guilty, Not Guilty, etc.).

Note: All questions pertain to Adult and Juvenile incidents

1. Have you ever been arrested or taken into custody by any law enforcement authority or private security authority?
____ Yes ____ No

If "yes," explain: _____

2. Have you ever received or had any knowledge of any criminal summonses listing you as a defendant in any criminal cases? ____ Yes ____ No

If "yes," explain: _____

3. Have you ever been convicted of committing any crimes? ____ Yes ____ No

If "yes," explain: _____

4. Have you ever been placed into a detention center, jail, or prison? ____ Yes ____ No

If "yes," explain: _____

5. Have you ever received Probation before Judgment (PBJ), or been placed on Probation or Parole? ____ Yes
____ No

If "yes," explain: _____

6. Have you ever had any criminal charges against you dismissed, dropped, or expunged?
(Note: Applicants for positions that require the carrying of firearms can be asked for information about past criminal activity as to which the court and police reports have been expunged. 71 Op. Atty. Gen. 242 (1986). ____ Yes ____ No

If "yes," explain: _____

7. Have you ever been questioned by any law enforcement or investigative agency as a suspect in a crime?

____ Yes ____ No

If "yes," explain: _____

8. Have you provided completely truthful answers and information to all questions in this form?

____ Yes ____ No

I hereby certify that the answers and information I have provided in this form are truthful to the best of my knowledge and belief. In signing below, I do so with the understanding that all statements I have made in this form, if found untruthful, may result in the termination of consideration for employment with the Howard County Police Department or denial of a security clearance.

Applicant's Signature: _____ Date: ____/____/_____

Applicant's Printed Name: _____



HOWARD COUNTY POLICE DEPARTMENT

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by a duly authorized agent of the Howard County Police Department, whether the said records are of public, private or confidential nature.

The intent of this Authorization is to give my consent for full and complete disclosure of the records as follows: Records of complaint, arrest, trial and/or convictions for alleged or actual violations of the law, including criminal and/or traffic records; records of complaints of a civil nature made by me or against me, wheresoever located; and to include the records and recollections of attorneys-at-law, or of other counsel, whether representing me or another person in any case in which I presently have, or have had, an interest.

I reiterate and emphasize that the intent of this Authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a Background Investigation which may provide pertinent data for my suitability as a civilian/contractor/volunteer working within the Howard County Government. I understand that any information obtained by a personal history Background Investigation which is developed directly or indirectly, in whole or in part, upon this Release of Authorization, will be considered in determining my suitability as a civilian/contractor/volunteer employee.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorneys' fees arising out of or by reason of complying with this request. I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me. A photocopy of this Release Form will be valid as an original thereof, even though said photocopy does not contain an original writing of my signature.

Print Name: _____ Signature: _____ Date: _____

Address, City, State, ZIP: _____

Date of Birth: _____ SSN #: _____

Rev. 07/2020