



CITY OF BILLINGS
POLICE DEPARTMENT
 PO Box 1554
 Billings MT 59103
 (406) 247-8590 • Fax (406) 247-8592
 parsonsk@ci.billings.mt.us • www.billingspolice.com



**BILLINGS POLICE DEPARTMENT
 VOLUNTEER APPLICATION**

Date: _____

Name: _____

Last

First

Middle

Address: _____

Number

Street

Apt. #

City

State Zip

Home Phone: _____ E-mail Address: _____

Social Security Number _____ Date of Birth: _____

Place of Employment: _____ Bus Ph: _____

Please list other names, if any, used on employment or education records: _____

Emergency Contact Person: _____ Phone _____

Please list special skills, interests, and/or hobbies you have: _____

List your current or previous experience with organizations, civic groups and clubs: _____

List all previous volunteer experiences: _____

Please list three references (only one maybe related to you)

Name	Address	Phone Number

Have you ever been arrested and/or convicted of a crime? _____ Yes _____ No

If yes, for what? _____

Where? _____ When? _____

1. As an applicant for a volunteer position with the City of Billings Police Department, I hereby expressly authorize release of any information you, as a reference, may have concerning me, including information of a confidential or privileged nature. I hereby release any organization, company, institution or person furnishing the information requested. I authorize the use of duplicated copies of this document to serve as the original.
2. For the purpose of in-house security, I consent to a criminal history check and background investigation prior to employment.
3. I certify that the foregoing answers, and all supplement documents, are correct and that false information may result in denial and/or dismissal. If offered a volunteer position, I will abide by the City's Policies, Practices and Procedures.

The City of Billings Police Department reserves the right to refuse services based on objective criteria other than the following: gender, race, religion, sexual orientation, and familial status.

Signature of Applicant

Date

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(FOR OFFICE USE ONLY)

Records Check Run: _____ Date: _____ References Checked: _____ Date: _____

Interview: _____ Date: _____