



# Prince William County Sheriff's Office

9311 Lee Avenue, Manassas, VA 20110

703-792-6070

## VOLUNTEER APPLICATION

**Directions:** Complete each section. Please type or print clearly.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone No. \_\_\_\_\_ Business \_\_\_\_\_ Cell \_\_\_\_\_

Email Address \_\_\_\_\_

Mr.  Ms.  Mrs.  Miss  Dr.  \_\_\_\_\_  I am 18 or older I prefer to receive calls at:  Home  Business  Either

Is anyone else at this address already a PWC Sheriff's Office Volunteer?  No  Yes If yes, name: \_\_\_\_\_

Have you ever served as a volunteer with us before?  No  Yes If yes, when? \_\_\_\_\_

**Education:** (check all that apply)  High school  Undergraduate degree  Graduate degree

**Availability:**

Please check the boxes for the days and time you are most available to serve.

	Sun.	Mon.	Tue.	Wed.	Thu.	Fri.	Sat.
Morning							
Afternoon							
Evening							

**Skills:**

Please check any of these skills that you feel you have and would like to apply to a volunteer job.

- Accounting  Computer data entry  Writing
- Coordinating projects  Graphic arts  Web design
- Organizing special events  Grant writing  Photography
- Working with children/seniors  Fundraising/charities

**References:** Please list two people other than relatives who would be willing to serve as personal references.

1. Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Relationship \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone No. \_\_\_\_\_ Business \_\_\_\_\_  Mr.  Ms.  Mrs.  Miss  Dr.  \_\_\_\_\_

2. Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Relationship \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone No. \_\_\_\_\_ Business \_\_\_\_\_  Mr.  Ms.  Mrs.  Miss  Dr.  \_\_\_\_\_

Are you able to perform the essential duties of the volunteer job for which you are applying?  Yes  No

If no, please explain. (A disability will not prevent you from volunteering if you are able to perform the essential duties of the job with reasonable accommodations.)

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Have you ever been convicted as an adult of any offense against the law including misdemeanors, felonies, and traffic violations?

Yes  No If yes, please describe the charge, date of conviction, location of court proceedings, and specific sentence. (A conviction does not automatically mean that you will not be hired).

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Do you possess a valid driver's license?  Yes  No Driver's License Number \_\_\_\_\_

Have any restrictions or revocations been issued?  Yes  No If yes, describe: \_\_\_\_\_

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I certify that the vehicle I will be operating while performing volunteer activities has liability insurance in accordance with Virginia State laws.  Yes  No

Name and policy number of current vehicle insurance: \_\_\_\_\_

I authorize Prince William County Sheriff's Office to conduct a criminal background check.  Yes  No

I authorize Prince William County Sheriff's Office to conduct a driving record check.  Yes  No

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I certify that this application is a complete record and that all entries and attachments are true and accurate to the best of my knowledge.

\_\_\_\_\_  
Volunteer's Signature

\_\_\_\_\_  
Date