



Volunteers in Police Service

Littleton Police Department ▪ 2 Kittridge Lane ▪ Littleton, NH 03561

Business: (603) 444-7711 Ext. 304 Fax: (603) 444-1704

Website: www.littletonpd.org

Volunteers in Police Service Application (Please Print)

PERSONAL INFORMATION:				
Last Name:		First Name:		Middle:
Home Address:				
City, State			Zip Code:	
Date of Birth:	Age:	Sex: M F	Social Security Number:	
Place of Birth (City, State, Country)			Race:	
Other names used:			Home Phone:	
Cell Phone/Pager:			Work Phone:	
Email Address (if applicable)				
Previous Address(s) Last 5 years:				
EDUCATION BACKGROUND AND MILITARY EXPERIENCE:				
Please circle the highest level of education completed: High School: 1 2 3 4 College: 1 2 3 4 5 6 7 8				
High School/City, State:			College/City, State:	
Degrees or certificates earned:				
Military Service Branch:		Rank:	Timed Served:	Date Discharged:
Do you speak or read a foreign language? YES NO Which one(s)?				Sign Language?

CRIMINAL HISTORY AND DRIVING RECORD:

Has your license ever been suspended or revoked? Yes ___ No ___

Traffic citations and accidents for the last 5 years:

Have you ever been questioned, detained, arrested, investigated, warned or issued a citation for any misdemeanor or felony, other than traffic, either as a juvenile or adult? Yes ___ No ___
Have you ever been convicted of a crime? Yes ___ No ___
If Yes, please explain:

If yes, list the name of the agency or court, date of contact, reason for contact, charge if any, sentence if any, and disposition of incident (including deferred sentences). Provide full details on supplemental sheets when necessary.

Date:	Agency or Court:	Charge:
Sentence:		Disposition:
Date:	Agency or Court:	Charge:
Sentence:		Disposition:
Date:	Agency or Court:	Charge:
Sentence:		Disposition:

REFERENCES:

Do not use family members as references. List three (3) individuals you have known for at least five (5) years. Please list name, complete address and phone number

Name:	Phone:
Street Address, City, State & Zip Code:	
Name:	Phone:
Street Address, City, State & Zip Code:	
Name:	Phone:
Street Address, City, State & Zip Code:	

EMERGENCY CONTACT:		
Name:		Relationship:
Street Address, City, State & Zip Code:		
Home Phone	Work Phone:	Cell Phone/Pager:
E-Mail Address:		
Name:		Relationship:
Street Address, City, State & Zip Code:		
Home Phone:	Work Phone:	Cell Phone/Pager:
E-Mail Address:		

How much time do you have to volunteer? (Please circle days available)

Hours per Week: _____
Hours available: _____
Days available:
Preferred Task: _____
_____ M T W Th F Sat Sun _____

List any skills or interests, which would assist in placing you in an appropriate assignment. Attach additional sheets if necessary.

Please list any memberships in any community organizations and previous/present volunteer experience. Also list the name(s) of coordinator(s) of the organizations and volunteer programs and where they can be reached.

Briefly state why you wish to volunteer your time to the Littleton Police Department. (use additional sheet if necessary) This question must be answered.

**THIS SECTION IS FOR SPANISH SPEAKING RIDE ALONG AND INTERPRETER
PROGRAM APPLICANTS ONLY**

Are you willing to be called out any time of day if needed? Yes ___ No ___

Can we call you at your place of employment if needed? Yes ___ No ___

In addition to this application, please submit the enclosed Hold Harmless Agreement and a brief resume of your qualifications (language, skill level, education, etc.) If you have questions please call VIPS Coordinator at (603)444-7711

NOTICE

The town of Littleton, NH is an equal opportunity employer and does not unlawfully discriminate in employment or volunteerism. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for volunteering on the basis prohibited by local, state, or federal law. Equal access for volunteering for its authorized programs is available to all persons. Those volunteers requiring reasonable accommodations under the Americans With Disabilities Act (ADA) and/or during the interview process should notify the VIPS Program Coordinator or his/her designee.