

City of Graham, GA Police Volunteer Application

Please print

First Name.....Last Name.....
AddressCity/State/Zip.....
TelephoneSocial Security #
Date of BirthSpouse's Name.....

Personal Information (please circle correct response):

Gender: Male Female

Physical Limitations: No Yes (Please Explain)

Education (highest level completed)

Grades 1-5 6-9 11-12 College Business Graduate School Technical/Vocational

Former work/occupation **Most recent employer (optional)**

List previous volunteer experience.....

Skills (List your skills and indicate proficiency level) Skilled Can Teach Amateur

- 1.
- 2.
- 3.

Languages Fluent Read Write

- 1.
- 2.

Volunteer availability: (Circle all applicable)

Number of Days per week: 1 2 3 4 5

Monday Tuesday Wednesday Thursday Friday No Preference

Transportation: (How you will get to your assignment)

Public Trans. Walk Bus/Van Taxi/Car Svc Car

In an emergency, notify:

First Name.....Last Name.....
Address
City/State/Zip..... Telephone

.....
(Signature/Volunteer) (Signature/Staff) (Date)