## **Lisbon Police Department**

CITIZEN OUTREACH for ELDERS PROGRAM

Volunteer Application

		Date	
Name:			
(First)	(Middle Initial)		(Last)
Address:			
(Street)	(City	(City)	
Home Phone #: ()	Woi	Work or Cell Phone #:	
Date of Birth://	Driver's License Number:		State:
IN CA.	SE OF EMERGEN	CY - PLEASE NOT	<u>IFY:</u>
Name:	Relationship:		
Address:			
(Street)	(City)	(State)	(Zip Code)
(Street)	(City)	(State)	
(Street) Daytime Phone #:	(City)	(State) Other Phone #: _	
(Street) Daytime Phone #: Are you presently employed	(City)	(State) Other Phone #: _	
(Street) Daytime Phone #: Are you presently employed Present employment:	(City)	(State) Other Phone #: _	
(Street) Daytime Phone #: Are you presently employed Present employment: Present Employer:	(City) I? Retired?	(State) Other Phone #: _ Other?	
(Street) Daytime Phone #: Are you presently employed Present employment: Present Employer: Address:	(City) I? Retired?	(State) Other Phone #: _ Other? Citle or Position:	
(Street) Daytime Phone #: Are you presently employed	(City)  ? Retired? _   1   E	(State) Other Phone #: _ Other? Citle or Position:	
(Street) Daytime Phone #: Are you presently employed Present employment: Present Employer: Address: Volunteer Positions: Most recent organization:	(City)  ? Retired? _   1	(State) Other Phone #: Other? Title or Position: Cmployed since:	
(Street) Daytime Phone #: Are you presently employed Present employment: Present Employer: Address: Volunteer Positions:	(City)  I? Retired?  I  I  I  I  I  I  I  I  I  I  I  I  I	(State) Other Phone #: _ Other? Citle or Position: Cmployed since: Position or duties: Dates	

Please complete the reverse side of this form. \_\_\_\_\_

## Professional or Personal References (Please list three references that you have known for three years or longer)

NAME	ADDRESS	PHONE #	

## Authorization for Basic Criminal Background Check

I, \_\_\_\_\_\_, hereby authorize the Lisbon Police Department to conduct a basic criminal background check on me for the purposes of this volunteer position. I also authorize the Lisbon Police Department to contact my personal or professional references listed within this application.

Signature \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of birth \_\_\_\_\_ (Needed for background check)

**Thank You!** 

Thank you for applying to become a volunteer for the Citizen Outreach for Elders Program! We appreciate your time and commitment to this valuable community endeavor. Your volunteer time and commitment are very important to the success of this program. We will contact you very soon regarding this application.

## Please return completed application to:

Lisbon Police Department 300 Lisbon St. Lisbon, Maine 04250 Attention: Chief Marc Hagan 207-353-2500