



**MONTGOMERY COUNTY, MARYLAND  
DEPARTMENT OF POLICE  
VOLUNTEER RESOURCES SECTION**



## **VOLUNTEER/INTERN APPLICATION FORM**

Before you begin, here are some important things to keep in mind before submitting your application:

- Fill out the application completely by **typing** it and then **mail** to the address on page 7. Make sure you **sign** the last page.
- Please send us a photocopy of your valid, government issued ID (Driver's License, State ID, Passport, Driver's Permit etc.). Be sure it is legible and, if possible, in color.
- You **must** be a U.S. Citizen *or* have a valid Green Card. If you have a Green Card, please submit a copy of that as well.
- Please provide **four fully addressed** references. These references cannot be family members or significant others.
- You *may* also choose to include a résumé and/or cover letter.

**If you do not mail in a complete application, then we will NOT process your application.**

Please feel free to call us with any questions at (240) 773-5625.

**MONTGOMERY COUNTY, MARYLAND  
DEPARTMENT OF POLICE  
VOLUNTEER RESOURCES SECTION  
Volunteer/Intern Application Form**

Select the position you are applying for:     Volunteer in Policing     L.E.A.P. Intern

Select the term you are applying for:     Spring     Summer     Fall     Winter    Year: 20\_\_\_\_

Have you previously applied as a Volunteer/Intern with MCPD?     No     Yes, in (year) \_\_\_\_\_

**CONTACT INFORMATION:**

Last Name: \_\_\_\_\_                      First Name: \_\_\_\_\_                      Middle Name: \_\_\_\_\_

Social Security No.: \_\_\_\_\_                      Date of Birth (MM/DD/YY): \_\_\_\_/\_\_\_\_/\_\_\_\_                      Age: \_\_\_\_                      Gender: M  F

Street Address: \_\_\_\_\_

City: \_\_\_\_\_                      State: \_\_\_\_\_                      Zip Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_                      Ext. \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_                      Ext. \_\_\_\_\_

Work Phone Number: \_\_\_\_\_                      Ext. \_\_\_\_\_

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

**EMERGENCY CONTACT INFORMATION:**

Name: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_                      Ext. \_\_\_\_\_

Relationship: \_\_\_\_\_

**CITIZENSHIP:**

Are you a United States Citizen?     Yes     No

If you are not a United States Citizen, do you have a valid Green Card?     Yes     No

If Yes, please attach a copy of your Green Card and complete the section below:

Country of Birth: \_\_\_\_\_                      A #: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_                      Expiration Date (MM/DD/YY): \_\_\_\_/\_\_\_\_/\_\_\_\_

**PREVIOUS ADDRESSES:** Please list any previous addresses (and approximate dates of residence) for the last five years:

From: \_\_\_\_/\_\_\_\_/\_\_\_\_ Street Address: \_\_\_\_\_

To: \_\_\_\_/\_\_\_\_/\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

From: \_\_\_\_/\_\_\_\_/\_\_\_\_ Street Address: \_\_\_\_\_

To: \_\_\_\_/\_\_\_\_/\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

From: \_\_\_\_/\_\_\_\_/\_\_\_\_ Street Address: \_\_\_\_\_

To: \_\_\_\_/\_\_\_\_/\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

From: \_\_\_\_/\_\_\_\_/\_\_\_\_ Street Address: \_\_\_\_\_

To: \_\_\_\_/\_\_\_\_/\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

From: \_\_\_\_/\_\_\_\_/\_\_\_\_ Street Address: \_\_\_\_\_

To: \_\_\_\_/\_\_\_\_/\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**DRIVING RECORD:** Please indicate the following information about your license and vehicle:

Do you have or have you had a *Maryland* Driver's License or Permit?  Yes  No

MD Driver's License/Permit No.: \_\_\_\_\_ Expiration Date (MM/DD/YY): \_\_\_\_/\_\_\_\_/\_\_\_\_

Do you have or have you had a Driver's License issued by *another State*?  Yes  No

Issuing State: \_\_\_\_\_ License No.: \_\_\_\_\_ Expiration Date (MM/DD/YY): \_\_\_\_/\_\_\_\_/\_\_\_\_

Please provide the following information on the vehicle you normally operate:

License Plate No.: \_\_\_\_\_ State: \_\_\_\_\_ Expiration: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

**EDUCATION:** Please indicate the highest level of education you've completed:

High School Diploma  AA  BA/BS  MA/MS  PhD/JD  Other  Current Student

If *Other*, please describe: \_\_\_\_\_ Field of Study: \_\_\_\_\_

Please list all of the different schools (high school and above) that you have attended:

From: \_\_\_\_/\_\_\_\_ Name: \_\_\_\_\_  
To: \_\_\_\_/\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Degree Earned: \_\_\_\_\_

From: \_\_\_\_/\_\_\_\_ Name: \_\_\_\_\_  
To: \_\_\_\_/\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Degree Earned: \_\_\_\_\_

If you are still enrolled in school, please provide the following information:

Name of school: \_\_\_\_\_ Degree: \_\_\_\_\_ Anticipated Graduation Date (MM/YY): \_\_\_\_/\_\_\_\_  
Area(s) of study: \_\_\_\_\_

Are you applying for this position so that you may receive school credit?  Yes  No

If you answered *Yes* to the question above, do you have any hour requirements? \_\_\_\_\_

**LANGUAGES:** Other than English, please list languages you may know:

Language: \_\_\_\_\_ (Rank language fluency from 1 to 5, where 5 is fluent)  
Speaking: \_\_\_\_\_ Reading/Writing: \_\_\_\_\_  
Language: \_\_\_\_\_ Speaking: \_\_\_\_\_ Reading/Writing: \_\_\_\_\_

**SKILLS AND INTERESTS:** Please list your skills and interests:

Office Skills: \_\_\_\_\_

Other Skills/Certifications/Training: \_\_\_\_\_

Choose all interests that apply:

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Station Operations          | <input type="checkbox"/> Victim Assistance         | <input type="checkbox"/> Forensics/Crime Lab | <input type="checkbox"/> Traffic Division |
| <input type="checkbox"/> Special Operations Division | <input type="checkbox"/> Records Management        | <input type="checkbox"/> Alcohol Enforcement | <input type="checkbox"/> Training         |
| <input type="checkbox"/> Media/Public Relations      | <input type="checkbox"/> Community Policing/Patrol | <input type="checkbox"/> Technology Support  | <input type="checkbox"/> Other            |

If you selected *Other*, please describe: \_\_\_\_\_

Do you personally know or were you referred by anyone who works in the MCPD?

\_\_\_\_\_

Were you referred to by anyone in the department? \_\_\_\_\_

Please tell us why you wish to volunteer or intern with MCPD:

\_\_\_\_\_

**VOLUNTEER EXPERIENCE:** Please describe any previous volunteer or intern positions and/or experience (Scouts, TA, Church, School, Etc.)

**LAW ENFORCEMENT EXPERIENCE:** Please describe any work, intern or volunteer experience with any law enforcement agencies.

Current or Previous job/volunteer/intern work with a Law Enforcement Agency:

From: \_\_\_\_/\_\_\_\_ Street Address: \_\_\_\_\_  
To: \_\_\_\_/\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Job/Position Title: \_\_\_\_\_ Supervisor's Name and Title: \_\_\_\_\_  
Hours per Week: \_\_\_\_\_ hours Telephone Number: \_\_\_\_\_ Supervisor's Email Address: \_\_\_\_\_

**WORK EXPERIENCE:** Current/most recent employer:

From: \_\_\_\_/\_\_\_\_ Street Address: \_\_\_\_\_  
To: \_\_\_\_/\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Job/Position Title: \_\_\_\_\_ Supervisor's Name and Title: \_\_\_\_\_  
Hours per Week: \_\_\_\_\_ hours Telephone Number: \_\_\_\_\_ Supervisor's Email Address: \_\_\_\_\_

Previous employer:

From: \_\_\_\_/\_\_\_\_ Street Address: \_\_\_\_\_  
To: \_\_\_\_/\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Job/Position Title: \_\_\_\_\_ Supervisor's Name and Title: \_\_\_\_\_  
Hours per Week: \_\_\_\_\_ hours Telephone Number: \_\_\_\_\_ Supervisor's Email Address: \_\_\_\_\_

**MILITARY EXPERIENCE:** Have you ever served in the armed forces?  Yes  No

From: \_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_ Specialty: \_\_\_\_\_ Rank: \_\_\_\_\_

Branch:  Army  Navy  Air Force  Marines  Coast Guard

Where Did You Serve? \_\_\_\_\_ Type of Discharge: \_\_\_\_\_



**REFERENCES:** Please include **4 (FOUR) FULL REFERENCES**, including **full mailing addresses, emails, and contact numbers for each**. Please **DO NOT** list any family members or significant others. Please note that if you leave any part of this incomplete then we will not be able to process your application.

**FIRST REFERENCE:**

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

**SECOND REFERENCE:**

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

**THIRD REFERENCE:**

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

**FOURTH REFERENCE:**

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Individuals who apply to the Montgomery County Department of Police are subject to a comprehensive background investigation, since they may have access to sensitive and confidential information. The background investigation may include (but not necessarily be limited to) driving record, criminal history, and reference check of employers, friends and acquaintances. This information, along with your photograph, will be kept on file.

**STATEMENT OF CONSENT AND AUTHORIZATION FOR RELEASE OF INFORMATION**

I, \_\_\_\_\_, do hereby authorize a review of all records, or any part thereof, concerning me, by a duly authorized agent of the Montgomery County, MD, Department of Police, whether the said records are public or private, and including those that may be deemed to be privileged or confidential in nature. I understand should any statement I have made prove to be false, misleading, or erroneous (for whatever reason), it may result in rejection of my application and / or discharge from the Department of Police.

Signature  
of Applicant: \_\_\_\_\_

Date  
Completed (MM/DD/YY): \_\_\_\_/\_\_\_\_/\_\_\_\_

Mail this application to:

Montgomery County Department of Police  
Volunteer Resources Section  
100 Edison Park Drive, 3rd Floor  
Gaithersburg, MD 20878