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 or email 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.

- Please keep in mind; it takes 6-8 weeks from the time of application submission to hear back regarding a decision. Please submit your application accordingly.

If you do not send in a complete application (including ID and SSN), we will NOT process your application.

Please feel free to call us with any questions at (240) 773-5625.
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  Year: 20_____

Have you previously applied as a Police Officer, Civilian, Volunteer, Intern, Cadet, Explorer or any other position with MCPD? □ No  □ Yes  If yes, please note position, date applied and status:
__________________________________________________________________________________________________
__________________________________________________________________________________________________

Were you referred by anyone who works in the MCPD? If so, whom and what is your relationship?
__________________________________________________________________
_______________________________

CONTACT INFORMATION:

Last Name: _______________________________  First Name: ___________________________  Middle Name: ___________________________

Social Security No.: _______________________  Birth (MM/DD/YY): ____/____/____  Age: ____  Sex: M □  F □

Street Address: __________________________________________________________

City: __________________________  State: ___________  Zip Code: ______________________

Home Phone Number: ____________________________  Ext. ___________

Cell Phone Number: ____________________________  Ext. ___________

Email Address: ___________________________________________

EMERGENCY CONTACT INFORMATION:

Name: _______________________________________________________________

Cell Phone Number: ____________________________  Home Phone Number: ____________________________

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 #: ____________________________

Expiration Date (MM/DD/YY): ____/____/____

Country of Citizenship: ____________________________  (MM/DD/YY): ____/____/____
PREVIOUS ADDRESSES: Please list any previous addresses (and approximate dates of residence) for the last five years:

From: ___/___
  Address: ____________________________________________________________ Zip
To:    ___/___
  City: ___________________________ State: _______________ Code: __________

From: ___/___
  Address: ____________________________________________________________
To:    ___/___
  City: ___________________________ State: _______________ Code: __________

From: ___/___
  Address: ____________________________________________________________
To:    ___/___
  City: ___________________________ State: _______________ Code: __________

From: ___/___
  Address: ____________________________________________________________
To:    ___/___
  City: ___________________________ State: _______________ 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: ____________________________ Degree ____________________________
To: ____/____ City: ____________________________ State: _______________ Earned: ____________

From: ____/____ Name: ____________________________ Degree ____________________________
To: ____/____ City: ____________________________ State: _______________ 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: ____________________________ Speaking: _____ Reading/Writing: _____
Language: ____________________________ Speaking: _____ Reading/Writing: _____

(Rank language fluency from 1 to 5, where 5 is fluent)

SKILLS AND INTERESTS: Please list your skills and interests:

Office/Administrative Skills:

____________________________________________________________________________________

Other Skills/Certifications/Training: ______________________________________________________

Choose all interests that apply: *We are currently not accepting applications for Forensics/Crime Lab.

□ Station Operations □ Victim Assistance □ Traffic Division □ Detective Bureau
□ Special Operations Division □ Records Management □ Alcohol Enforcement □ Admin. Support
□ Media/Public Relations □ Patrol Division □ Technology Support □ Other

If you selected Other, please describe: ______________________________________________________

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.

___________________________________________________________________________________________________________________

Agency or Department: ________________________________
From: _____/_____ Street: ________________________________
Address: ____________________________________________
To: _____/_____ City: ____________________ State: _____
    Code: _____ Zip: __________ Telephone: ____________
Job/Position Title: ________________________________
    Supervisor’s Name and Title: _____________________
    Supervisor’s Hours per Week: ______ hours
    Telephone Number: ____________ Email Address: ____________

WORK EXPERIENCE: Current/most recent employer: ________________________________
From: _____/_____ Street: ________________________________
Address: ____________________________________________
To: _____/_____ City: ____________________ State: _____
    Code: _____ Zip: __________ Telephone: ____________
Job/Position Title: ________________________________
    Supervisor’s Name and Title: _____________________
    Supervisor’s Hours per Week: ______ hours
    Telephone Number: ____________ Email Address: ____________
Previous employer: ________________________________
From: _____/_____ Street: ________________________________
Address: ____________________________________________
To: _____/_____ City: ____________________ State: _____
    Code: _____ Zip: __________ Telephone: ____________
Job/Position Title: ________________________________
    Supervisor’s Name and Title: _____________________
    Supervisor’s Hours per Week: ______ hours
    Telephone Number: ____________ 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: ________________________________
**AVAILABILITY AND SCHEDULE:** Volunteers are asked to contribute a minimum of 12 hours per week for a period of no less than 6 months. Additionally, *volunteers and interns work mostly between 8AM and 5PM, Monday through Friday.*

Date available to start: _____/_____/_____

Days and times you’re available to work: ____________________________________________________________

Area in Montgomery County/specific location where you would prefer to work: ______________________________

Expected length of commitment:  □ Less than 6 months  □ 6 months  □ 1 year  □ Indefinite

Means of transportation:  □ Privately owned vehicle  □ Public Transportation

Do you require any special accommodations to facilitate you volunteering?  □ Yes  □ No

If you answered Yes above, please describe:
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

**INFORMATION REQUIRED FOR BACKGROUND CHECK:**

Have you ever been charged with, arrested, or convicted of a crime? This includes traffic violations, DUI/DWI offenses, drug offenses, or any other type of *criminal/civil/traffic offense or citation* anywhere in the United States.

□ Yes  □ No

If you answered Yes, please fully explain:
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
REFERENCES: Please include **4 (FOUR) FULL REFERENCES**, including 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.

Please note we will send a reference form via email to each reference. It is recommended you notify each reference ahead of time that they will be receiving an email and to complete upon receipt.

**FIRST REFERENCE:**
Name: ___________________________________________  Telephone ______________________________

Email Address: ____________________________  Relationship to you: ____________________________

**SECOND REFERENCE:**
Name: ___________________________________________  Telephone ______________________________

Email Address: __________________________________  Relationship to you: ____________________________

**THIRD REFERENCE:**
Name: ___________________________________________  Telephone ______________________________

Email Address: __________________________________  Relationship to you: ____________________________

**FOURTH REFERENCE:**
Name: ___________________________________________  Telephone ______________________________

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): _____/_____/_____

Please submit this application AND supporting documentation (Driver’s License/Driver’s Permit/State ID, Green Card and optional Résumé) via:

Email: Police.VRS@montgomerycountymd.gov

OR

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