



**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 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.

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 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.: _____ Date of 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 #: _____

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

WORK EXPERIENCE: Current/most recent employer: _____

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

Previous employer: _____

Street
From: ____/____ Address: _____
To: ____/____ City: _____ State: _____ Zip Code: _____ Telephone Number: _____
Supervisor's
Job/Position Title: _____ Name and Title: _____
Supervisor's
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: _____

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 Number: _____

Email Address: _____ Relationship to you: _____

SECOND REFERENCE:

Name: _____ Telephone Number: _____

Email Address: _____ Relationship to you: _____

THIRD REFERENCE:

Name: _____ Telephone Number: _____

Email Address: _____ Relationship to you: _____

FOURTH REFERENCE:

Name: _____ Telephone Number: _____

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