



**SAN MARCOS POLICE DEPARTMENT**  
**VOLUNTEERS IN POLICE SERVICE**  
**APPLICATION**

Please print or type, and fill out application completely. If any section does not apply to you, please indicate with "N/A".  
For questions and information about volunteering, please contact: Charlotte Lund (512) 395-4995; CLund@sanmarcostx.gov

**PERSONAL INFORMATION:**

Name (Last/First/Middle): \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

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

Driver's License # & State: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Have you ever been arrested and/or convicted of a crime? Yes No

If yes, for what? \_\_\_\_\_ Where: \_\_\_\_\_ When: \_\_\_\_\_

**EMERGENCY CONTACT:**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

**EMPLOYMENT & VOLUNTEER HISTORY:**

Employer Name and Phone #: \_\_\_\_\_

Position: \_\_\_\_\_ Current work schedule: \_\_\_\_\_

Please list all previous volunteer experiences: \_\_\_\_\_

Please tell us why you wish to volunteer your time to the San Marcos Police Department: \_\_\_\_\_

**EDUCATION, MILITARY EXPERIENCE & CITIZENS POLICE ACADEMY (CPA):**

School Name: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Degree: \_\_\_\_\_ Certifications: \_\_\_\_\_

Military Service Branch: \_\_\_\_\_ Rank: \_\_\_\_\_

City, State, and Year you attended CPA: \_\_\_\_\_

**PERSONAL REFERENCES:**

1. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

2. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

**PERSONAL INTERESTS AND PREFERENCES:**

Please list special skills, interests, and/or hobbies you have: \_\_\_\_\_

Are you Bilingual (English-Spanish)? Yes No Any other language? \_\_\_\_\_

How many hours per week would you like to volunteer? \_\_\_\_\_

Which days are you NOT able to volunteer? Mon. Tues. Wed. Thurs. Fri. Sat. Sun.

Which days would you prefer to volunteer? Mon. Tues. Wed. Thurs. Fri. Sat. Sun.

**TERMS AND SIGNATURE:**

As an applicant for a volunteer position with the San Marcos Police Department, I understand that for security reasons, a basic clearance check/background will be conducted. Further background information will be requested only if a specific volunteer assignment calls for a full security check.

I hereby authorize references listed on this application to furnish information from their records concerning me.

I understand that all information concerning this application is confidential.

I agree that any oral or written misrepresentation in making this application is just cause for dismissal.

I understand that the completion of this form is only part of the application process and does not assure acceptance as a volunteer.

In signing, I do hereby certify that all information contained in this application is correct and accurate to the best of my knowledge. I further authorize the San Marcos Police Department to verify criminal history and driving records as part of the background process. If accepted to perform volunteer duties for the San Marcos Police Department, I understand I may be privy to confidential information and promise to respect and maintain confidentiality whenever presented with it.

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

\_\_\_\_\_  
Date

**(FOR OFFICE USE ONLY)**

Records Check Run: \_\_\_\_\_ Date: \_\_\_\_\_ References Checked: \_\_\_\_\_ Date: \_\_\_\_\_

Interviewers: \_\_\_\_\_ Date: \_\_\_\_\_