

LOS ANGELES POLICE MUSEUM

6045 YORK BLVD LOS ANGELES, CA 90042 Phone: 323-344-9445 / Fax: 323-344-9516

VOLUNTEER APPLICATION

Today's Date: _____

Full Name: _____ D.O.B. ___/___/___

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Cell: _____

Email: _____

CA Drivers License: _____ SSN: _____

Are you or have you been a Police Officer: Yes: _____ No: _____

If YES, For what Agency: _____

Appointment Date: _____ Retirement Date: _____

Current Employment Information:

Position: _____ Time With Company: _____

Company Name: _____

Address: _____

Supervisor: _____ Phone Number: _____

Have you ever been convicted of a felony: Yes: _____ No: _____

Note: Admitting you have been convicted of a felony does not necessarily exclude you from volunteering.

If YES, Please Explain:

There are many areas in which to serve, please tell us how you would like to help:

Have you volunteered before: Yes: _____ No: _____

If YES, please list group names and dates of service: _____

Please list your available volunteer days and times:

Please list any hobbies, skills or interests that may be pertinent to your volunteer service:

Please list any clubs, groups or professional organization you are a member of:

Reference 1: Name: _____ Relationship: _____

Address: _____

Phone: _____ Cell: _____

Reference 2: Name: _____ Relationship: _____

Phone: _____ Cell: _____

Emergency Contact Information:

Name: _____ Relationship: _____

Phone: _____ Cell: _____

I declare under penalty of perjury that all statements on this form are true to the best of my knowledge. I understand that false or misleading information shall be cause for disqualification as a volunteer with the Los Angeles Police Museum.

FOR OFFICE USE ONLY

Reviewed by: _____ Date: _____ Interviewed by: _____ Date: _____

Deny: _____ (circle) Docent/Volunteer Start Date: _____ Time In: _____

Supervisor: _____ Photo: Yes: _____ No: _____ Thumbprint: Yes: _____ No: _____

ID: _____

I have received my LAPM Identification badge and understand the rules and regulations that apply to its use:

Receipt of LAPM ID: _____ Date: _____