

Human Resources  
 Town of Knightdale  
 305 Sugar Magnolia Lane, Suite 205  
 Knightdale, North Carolina 27545  
 OFFICE: (919) 217-2223  
 FAX: (919) 217-2229  
 EMAIL: [personnel@knightdalenc.gov](mailto:personnel@knightdalenc.gov)



**POLICE DEPARTMENT  
 VOLUNTEER APPLICATION**

Volunteer applications can be submitted to the Human Resources Department by fax, email, or mail. Please ensure that your application is complete, signed, and dated before submitting. Incomplete applications will not be processed.

**PERSONAL DATA**

FIRST NAME	MIDDLE NAME	LAST NAME
ADDRESS (Street Number and Name)		CITY
		STATE
		ZIP CODE
PHONE (Best Number to Reach You)		EMAIL ADDRESS
(      )		

**AVAILABILITY**

<input type="checkbox"/> Have you ever filed a volunteer application with us before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If YES, give date _____
<input type="checkbox"/> Have you ever volunteered with us before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If YES, give date _____
			and department _____
<input type="checkbox"/> When are you available to begin? _____			

**EDUCATION**

	HIGH SCHOOL	VOCATIONAL/ TECHNICAL SCHOOL	COLLEGE/ UNIVERSITY	GRADUATE/ PROFESSIONAL
School Name and Location				
Years Completed	9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> GED <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
List Credit Hours Received: (S) - Semester (Q) - Quarter				
Diploma/Degree Received				
Course of Study				

**RELEVANT TRAINING AND SKILLS**

List fields of work for which you have been registered, licensed or certified
Registration: _____ State: _____ No.: _____ Exp. Date: _____
Registration: _____ State: _____ No.: _____ Exp. Date: _____
List internships, specific courses, workshops, training and/or rotations you may have had that relate to the volunteer opportunity you are applying for. Include credit hours or CEU's if applicable.
Indicate skills, knowledge, and abilities which relate to the volunteer opportunity you are applying for.

## RELEVANT EXPERIENCE

Using a separate section for each position, describe in detail all relevant experience beginning with the most recent opportunity.

May we contact your most recent supervisor?    Yes    No

<b>1</b>	Organization: (Present or most recent)	Address:	Phone No.:
	Job Title:	Name of Individual You Responded To:	
	Start Date: (mo/yr)	Reason for Leaving:	
	End Date: (mo/yr)	Job Duties: (Be specific)	
	<input type="checkbox"/> Full-time      # Years ____ # Months ____ <input type="checkbox"/> Part-time        # Years ____ # Months ____ <input type="checkbox"/> Volunteer/Other # Years ____ # Months ____		

<b>2</b>	Organization: (Present or most recent)	Address:	Phone No.:
	Job Title:	Name of Individual You Responded To:	
	Start Date: (mo/yr)	Reason for Leaving:	
	End Date: (mo/yr)	Job Duties: (Be specific)	
	<input type="checkbox"/> Full-time      # Years ____ # Months ____ <input type="checkbox"/> Part-time        # Years ____ # Months ____ <input type="checkbox"/> Volunteer/Other # Years ____ # Months ____		

<b>3</b>	Organization: (Present or most recent)	Address:	Phone No.:
	Job Title:	Name of Individual You Responded To:	
	Start Date: (mo/yr)	Reason for Leaving:	
	End Date: (mo/yr)	Job Duties: (Be specific)	
	<input type="checkbox"/> Full-time      # Years ____ # Months ____ <input type="checkbox"/> Part-time        # Years ____ # Months ____ <input type="checkbox"/> Volunteer/Other # Years ____ # Months ____		

<b>4</b>	Organization: (Present or most recent)	Address:	Phone No.:
	Job Title:	Name of Individual You Responded To:	
	Start Date: (mo/yr)	Reason for Leaving:	
	End Date: (mo/yr)	Job Duties: (Be specific)	
	<input type="checkbox"/> Full-time      # Years ____ # Months ____ <input type="checkbox"/> Part-time        # Years ____ # Months ____ <input type="checkbox"/> Volunteer/Other # Years ____ # Months ____		

*Application continued on the next page*

**REFERENCES**

List three persons who are not related to you who have definite knowledge of your qualifications for the volunteer opportunity for which you are applying such as co-workers, teachers, etc.

Name

Phone

Email Address

_____	_____	_____
_____	_____	_____
_____	_____	_____

**CERTIFICATE**

I certify that, to the best of my knowledge and belief, the statements given truly represent my background and experience. In addition, I give the following Authorization to Release Information. I hereby authorize my previous employers, personal references listed, and other persons or institutions shown on my application to provide the Town of Knightdale any information requested. I understand that before I can begin volunteering the Town of Knightdale will perform a criminal background check investigation. I also understand that false information may be grounds for rejection of my application and/or refusal of a volunteer opportunity.

\_\_\_\_\_

*Signature*

\_\_\_\_\_

*Date*

**END OF VOLUNTEER APPLICATION**