Greenville Police Department's Annual Officer Allen Jacobs Summer Camp
Volunteer Application

**The information obtained in this form is for the internal use of the Greenville Police Department for the purposes of the 2022 Officer Allen Jacobs Summer Camp only.*

Last Name: _____ First Name: _____ MI: _____

Date of Birth: _____ Gender: ___ M ___ F

Address: _____

City: _____ State: ____ Zip: _____ Driver's License #: _____

Email: _____ Primary Phone: _____

Last 4 digits of Social Security #: _____

Have you ever been convicted* of a felony? ____ YES ____ NO

If "YES," provide the charge, date, and agency: _____

_____

**A conviction does not necessarily disqualify you from volunteering.*

Employer: _____ Job Title: _____

Specialized skills or experience that would benefit the summer camp: _____

_____

Adult T-shirt Size: S M L XL XXL

What days are you available to volunteer?

_____ Monday, June 6
_____ Tuesday, June 7
_____ Wednesday, June 8
_____ Thursday, June 9
_____ Friday, June 10

Applicant Statement

I hereby authorize the Greenville Police Department (GPD) to conduct a background check for the purposes of the summer program. I understand that past crimes and other background information, as GPD may determine, shall be reviewed by GPD on a case-by-case basis. The decision whether or not to allow volunteer services to be performed by me shall be within the absolute discretion of the GPD. I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application, and in the event of acceptance for volunteer services, I understand that false or misleading information may result in the immediate termination of such right. I agree to abide by all the lawful rules, regulations, orders, directives, policies, and procedures of the Greenville Police Department during volunteer services and realize that submission of this application is not a contract of employment, nor does it guarantee future acceptance for volunteer services with GPD.

Signature: _____ Date: _____