



City of Los Angeles, Mayor's Volunteer Corps
LOS ANGELES POLICE DEPARTMENT
Volunteer Enrollment Form



Date: _____ Area/Division: _____

Name: _____ Social Security #: _____

Home Address: _____ City: _____ State: _____ Zip-Code: _____

Home Phone #: (____) _____ Work Phone #: (____) _____ Pager/Other #: (____) _____

Drivers License or I.D. # _____ State Issued: _____ Expiration Date: _____

Birth Date: _____ Hair: _____ Eyes: _____ Height: _____ Weight: _____ Age: _____ Marital Status: _____

Place of Birth: City _____ State/Country _____ Are you a United States citizen? Yes ___ No ___

Have you ever worked for the Los Angeles Police Department in any capacity? Yes ___ No ___

If "yes" where? _____ What were your duties? _____ Years of service _____

How did you hear about the Volunteer Program? Brochure _____ Friend _____ Newspaper _____ Radio/T.V. _____
 School _____ Other _____

Are you bi-lingual? Yes ___ No ___ If "yes" what language: _____ Read: _____ Write: _____

Do you have any disability? Yes ___ No ___ If "yes" list accommodations needed _____

Days/Time available: Sun _____ Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____

Statistical Information:

Age group: 13-18 _____ 19-54 _____ 55-64 _____ 65+ _____ Sex: Female ___ Male ___

Ethnic group: African-American -1 _____ Hispanic -2 _____ Asian -3 _____ Caucasian -4 _____
 Native-American -5 _____ Other -6 _____

Emergency Information

In case of an emergency, person to contact should be: Name: _____ Relation: _____
 Address: _____ City: _____ Phone #: (____) _____

I declare under the penalty of perjury that all statements on this form and attachments are true and complete to the best of my knowledge. I understand that false, misleading or incomplete information shall be cause for disqualification. **Note:** False statements made under penalty of perjury may also result in criminal prosecution.

Volunteer Signature _____ Date _____ Parent/Guardian signature of consent _____ Date _____
 If under 18 years of age, Parent/Guardian must consent.

Volunteer Coordinator _____ Area/Division _____ Phone # _____ Fax # _____

Task Designation:
 Volunteer ___ CPAB ___ Explorer ___ PAL ___ Jeopardy ___ Student Intern ___ Other _____