

La Mesa Police Department

R.S.V.P.

Retired Senior Volunteer Patrol Application



Name: _____ SSN: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Business/Cell Phone: () _____

Email Address: _____

Birthdate (For Background Only): _____ Driver's License Number _____

Present Occupation: _____

Past Occupation (if retired): _____

Approximate Time You Have Available to Volunteer:

Hours per Week: _____ Days Available: _____

Any Special Physical Limitations or Needs as a Volunteer? _____

As a volunteer in the police department, you may be exposed daily to sensitive and confidential information, which if divulged, could jeopardize someone's life or freedom. Any disclosure of confidential information could result in civil or criminal liability on your part as well as the Police Department's. Because of this, the department must be confident that every employee and volunteer is absolutely trustworthy.

I understand that my acceptance as a volunteer with the Police Department will be contingent upon the results of a thorough background investigation including a criminal history check.

Signature: _____ Date: _____

Please submit by mail or in person to:

La Mesa Police Department
Attn: Jennifer Buckel
8085 University Avenue
La Mesa, CA 91942
(619) 667-7535