



MONTGOMERY COUNTY, MARYLAND DEPARTMENT OF POLICE VOLUNTEER RESOURCES SECTION



VOLUNTEER/INTERN APPLICATION FORM

Prior to starting, it's essential to consider these key points before you submit your application:

- Please ensure that you complete the application in full and submit it as a PDF file via email to: police.vrs@montgomerycountymd.gov
Remember to sign the last page before sending.
- Please submit this application along with a color photocopy (PDF) of your valid, government-issued ID (such as a Driver's License, State ID, Passport, or Driver's Permit). Ensure that it is clear and readable.
- Eligibility requires U.S. citizenship or possession of a valid Green Card. If you are a Green Card holder, kindly include a copy with your submission.
- Please provide four comprehensive references. These individuals must not be relatives or significant others.
- Please attach a resume. You may also opt to include a cover letter.
- Please note that the decision process following an application submission typically takes between six to eight weeks. It is advisable to submit your application with this time frame in mind.

Please be advised that an incomplete application, lacking necessary identification and Social Security Number, will not be processed.

For any inquiries, please do not hesitate to email us

police.vrs@montgomerycountymd.gov

MONTGOMERY COUNTY, MARYLAND

**DEPARTMENT OF POLICE
VOLUNTEER RESOURCES SECTION**

Volunteer/Intern Application Form

Select the position you are applying for: Volunteer in Policing L.E.A.P./College/HS. Internships

Select the term you are applying for: Spring Summer Fall Year: **20**_____

Have you previously applied as a Police Officer, Civilian, Volunteer, Intern, Cadet, Explorer, or any other position with MCPD? No Yes If yes, please note position, date applied and status:

Were you referred by anyone who works in the MCPD? If so, whom and what is your relationship?

CONTACT INFORMATION:

Last Name: _____ First Name: _____ Middle Name: _____

Social Security No.: _____ Date of Birth (MM/DD/YY): ____/____/____ Age: ____ Sex: M F

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____ Ext. _____

Cell Phone Number: _____ Ext. _____

Email Address: _____

EMERGENCY CONTACT INFORMATION:

Name: _____ Relationship: _____

Cell Phone Number: _____ Home Phone Number: _____

CITIZENSHIP:

Are you a United States Citizen? Yes No

If you are not a United States Citizen, do you have a valid Green Card? Yes No

If Yes, please attach a copy of your Green Card and complete the section below:

Country of Birth: _____

A #: _____

Country of Citizenship: _____

Expiration Date (MM/DD/YY): ____/____/____

PREVIOUS ADDRESSES: Please list any previous addresses (and approximate dates of residence) for the last five years:

From: ___/___/___ Street Address: _____
To: ___/___/___ City: _____ State: _____ Zip Code: _____

From: ___/___/___ Street Address: _____
To: ___/___/___ City: _____ State: _____ Zip Code: _____

From: ___/___/___ Street Address: _____
To: ___/___/___ City: _____ State: _____ Zip Code: _____

From: ___/___/___ Street Address: _____
To: ___/___/___ City: _____ State: _____ Zip Code: _____

From: ___/___/___ Street Address: _____
To: ___/___/___ City: _____ State: _____ Zip Code: _____

DRIVING RECORD: Please indicate the following information about your license and vehicle:

Do you have or have you had a *Maryland* Driver's License or Permit? Yes No

MD Driver's License/Permit No.: _____ Expiration Date (MM/DD/YY): ___/___/___

Do you have or have you had a Driver's License issued by *another State*? Yes No

Issuing State: _____ License No.: _____ Expiration Date (MM/DD/YY): ___/___/___

Please provide the following information on the vehicle you normally operate:

License Plate No.: _____ State: _____ Expiration: _____

Year: _____ Make: _____ Model: _____

EDUCATION: Please indicate the highest level of education you've completed:

High School Diploma AA BA/BS MA/MS PhD/JD Other Current Student

If *Other*, please describe: _____ Field of Study: _____

Please list all of the different schools (high school and above) that you have attended:

From: ____ / ____ Name: _____ Degree

To: ____ / ____ City: _____ State: _____ Earned: _____

From: ____ / ____ Name: _____ Degree

To: ____ / ____ City: _____ State: _____ Earned: _____

If you are still enrolled in school, please provide the following information:

Name of school: _____ Degree: _____ Anticipated Graduation Date (MM/YY): ____ / ____

Area(s) of study: _____

Are you applying for this position so that you may receive school credit? Yes No

If you answered *Yes* to the question above, do you have any hour requirements? _____

LANGUAGES: Other than English, please list languages you may know:

Language: _____ (Rank language fluency from 1 to 5, where 5 is fluent)
Speaking: _____ Reading/Writing: _____

Language: _____ Speaking: _____ Reading/Writing: _____

SKILLS AND INTERESTS: Please list your skills and interests:

Office /Administrative Skills:

Other Skills/Certifications/Training: _____

Choose all interests that apply:

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Station Operations | <input type="checkbox"/> Victim Assistance | <input type="checkbox"/> Traffic Division | <input type="checkbox"/> Detective Bureau |
| <input type="checkbox"/> Management & Budget | <input type="checkbox"/> Records Management | <input type="checkbox"/> Alcohol Enforcement | <input type="checkbox"/> Admin. Support |
| <input type="checkbox"/> Media/Public Relations | <input type="checkbox"/> Patrol Division | <input type="checkbox"/> Technology Support | <input type="checkbox"/> Other |

Forensic and Crime Lab Applicants: Must be currently enrolled in a Forensic Science program or Life or Physical Science from an accredited university, college, or graduate school. Due to the limited number of internships available, we **DO NOT** accept applications from high school students or those enrolled in a certificate or associate degree program.

If you selected *Other*, please describe: _____

Please tell us why you wish to volunteer or intern with MCPD:

Have you ever deleted a social media account or social media post that contained content embarrassing to yourself? Yes No If yes, explain in detail with dates:

Have you ever deleted a social media post that contained content disparaged any person or group based on their membership or identification as part of a racial, ethnic, gender, sexual orientation, or religious group or community? Yes No If yes, explain in detail:

Have you ever posted photographic images or videos, of a sexual or provocative nature, to any website or online service? Yes No If yes, explain in details:

VOLUNTEER EXPERIENCE: Please describe any previous volunteer or intern positions and/or experience (Scouts, TA, Church, School, Etc.)

LAW ENFORCEMENT EXPERIENCE: Please describe any work, intern, or volunteer experience with any law enforcement agencies.

Agency or Department: _____
From: ____ / ____ Street Address: _____
To: ____ / ____ City: _____ State: _____ Zip Code: _____ Telephone Number: _____
Job/Position Title: _____ Supervisor's Name and Title: _____
Hours per Week: _____ hours Telephone Number: _____ Supervisor's Email Address: _____

WORK EXPERIENCE: Current/most recent employer: _____
From: ____ / ____ Street Address: _____
To: ____ / ____ City: _____ State: _____ Zip Code: _____ Telephone Number: _____
Job/Position Title: _____ Supervisor's Name and Title: _____
Hours per Week: _____ hours Telephone Number: _____ Supervisor's Email Address: _____

Previous employer: _____
From: ____ / ____ Street Address: _____
To: ____ / ____ City: _____ State: _____ Zip Code: _____ Telephone Number: _____
Job/Position Title: _____ Supervisor's Name and Title: _____
Hours per Week: _____ Telephone Number: _____ Supervisor's Email Address: _____

MILITARY EXPERIENCE: Have you ever served in the armed forces?

Yes No

From: ____ / ____ To: ____ / ____ Specialty: _____ Rank: _____

Branch: Army Navy Air Force Marines Coast Guard Space Force

Where Did You Serve?

Type of Discharge:

AVAILABILITY AND SCHEDULE: *Volunteers are asked to contribute a minimum of 12 hours per week for a period of no less than 3 months. Additionally, **volunteers and interns work mostly between 8AM and 5PM, Monday through Friday.***

Date available to start: ____ / ____ / ____

Days and times you're available to work: _____

Area in Montgomery County/specific location where you would prefer to _____

work: Expected length of commitment: 1 Semester/ 3 months 6 months 1 year Indefinite

Means of transportation: Privately owned vehicle Public Transportation

Do you require any special accommodations to facilitate you volunteering? Yes No

If you answered *Yes* above, please describe:

INFORMATION REQUIRED FOR BACKGROUND CHECK:

Have you ever been charged with, arrested, or convicted of a crime? This includes traffic violations, DUI/DWI offenses, drug offenses, or **any** other type of **criminal/civil/traffic offense or citation** anywhere in the United States.

Yes No

If you answered *Yes*, please fully explain:

REFERENCES: Please include 4 (FOUR) FULL REFERENCES, including **emails, and contact numbers for each**. Please *DO NOT list any family members or significant others*. Please note that if you leave any part of this incomplete then we will not be able to process your application.

Please note we will send a reference form via email to each reference. It is recommended you notify each reference ahead of time that they will be receiving an email and to complete upon receipt.

FIRST REFERENCE:

Name: _____ Telephone Number: _____

Email Address: _____ Relationship to you: _____

SECOND REFERENCE:

Name: _____ Telephone Number: _____

Email Address: _____ Relationship to you: _____

THIRD REFERENCE:

Name: _____ Telephone Number: _____

Email Address: _____ Relationship to you: _____

FOURTH REFERENCE:

Name: _____ Telephone Number: _____

Email Address: _____ Relationship to you: _____

Individuals who apply to the Montgomery County Department of Police are subject to a comprehensive background investigation since they may have access to sensitive and confidential information. The background investigation may include (but not necessarily be limited to) driving record, criminal history, and reference check of employers, friends, and acquaintances. This information, along with your photograph, will be kept on file.

STATEMENT OF CONSENT AND AUTHORIZATION FOR RELEASE OF INFORMATION



MONTGOMERY COUNTY POLICE DEPARTMENT

AUTHORIZATION FOR RELEASE OF INFORMATION AND STATEMENT OF CONSENT:

I, _____, hereby permit the Montgomery County, Department of Police to conduct a complete and comprehensive background investigation which would include a full disclosure of all public and private records, including those which may be deemed to be privileged or confidential nature. I understand that the information and documentation obtained will be used to determine my suitability for employment.

The intent of the Authorization of Release of Information is to give my consent for full disclosure of the records of education facilities, financial/credit institutions to include credit reports, medical and psychiatric records from treating physicians and medical facilities, employment records including background examinations, polygraph examination results, employment testing results, medical reports, performance appraisals, complaints or grievances filed against me, salary records and other financial statements and records of any nature for alleged violations of the law, to include criminal, traffic and/or civil records whether adult or juvenile.

I fully consent, after receiving a conditional offer of employment, to any physical, psychological, or other testing, including urine and blood for controlled dangerous substances, to determine my suitability to be hired by the Montgomery County, Department of Police, prior to commencing employment as well as during the course of my employment with the agency.

[For Police Officer applicants only: I fully consent to the Montgomery County, Department of Police, to submit to a polygraph examination for the purpose of a truth verification test confirming information submitted by me, or contained in my records, application for employment, as well as employment interview records. I hereby release and waive any and all rights which may be given to me by any State, County, or Municipality law, to refuse or decline to undertake a polygraph examination.]

I emphasize that the intent of this authorization is to provide full access to those records and any other information including statements used as part of the development of a background investigation and history of my personal and professional life. I understand that I may not be informed of any facts or information developed throughout the course of this investigation

I understand that any information obtained by a personal history background investigation, which is directly or indirectly developed, in whole or in part, upon my Authorization for Release of Information, will be considered in determining my suitability for employment, as stated above. All medical information will be kept in a separate file and will not be reviewed or used in determining whether a conditional offer of employment is made.

I agree to indemnify and hold harmless persons to whom this Authorization for Release of Information is presented, to include agents and employees, from and against all claims, damages, losses, and expenses, including reasonable attorney's fee arising out of, or by a reason for complying with this request for information that this Authorization for Release of Information provides.

I further understand that in the event of my employment application not being approved or otherwise does not result in my appointment to the Montgomery County, Maryland, Department of Police, the source(s) of confidential information cannot and will not be released to me, to include testing results, which will be the sole property of the Montgomery County, Department of Police.

I hereby declare that the terms of this Authorization of Release of Information have been completely read and are fully understood, and I voluntarily accept this release for the express purposes of forever precluding any claims or actions against the aforementioned organization(s) based on the release of information under this authorization.

A photocopy of this release form will be valid as an original document, even though it does not contain an original writing of my signature.

APPLICANT'S SIGNATURE / PRINTED NAME

DATE

WITNESS SIGNATURE

DATE

SOCIAL SECURITY NUMBER

DATE OF BIRTH

(LAST FOUR DIGITS ONLY)

Please submit this application along with your resume and supporting documentation, which includes your Driver's License, Driver's Permit, State ID, or Green Card, via:

Email:

Police.VRS@montgomerycountymd.gov