



**MONTGOMERY COUNTY, MARYLAND  
DEPARTMENT OF POLICE  
COMMUNITY VOLUNTEER SECTION**

E-mail: [Police.VRS@montgomerycountymd.gov](mailto:Police.VRS@montgomerycountymd.gov)



## **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](mailto: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](mailto:police.vrs@montgomerycountymd.gov)

**MONTGOMERY COUNTY, MARYLAND**  
**DEPARTMENT OF POLICE**  
**COMMUNITY VOLUNTEER 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?

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**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:**

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**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:

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**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:

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**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:

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**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:



**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.

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**APPLICANT'S SIGNATURE / PRINTED NAME**

**DATE**

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**WITNESS SIGNATURE**

**DATE**

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**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](mailto:Police.VRS@montgomerycountymd.gov)