



Greeley Police Department Victim Services Student Intern/Volunteer Application

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|--|--|---|--|
| I heard about this opportunity through: | | <input type="checkbox"/> Agency webpage <input type="checkbox"/> Social Media <input type="checkbox"/> School | |
| | | <input type="checkbox"/> Speaker <input type="checkbox"/> Friend <input type="checkbox"/> Other: | |
| I am applying for the position of: | | <input type="checkbox"/> Victim Services Student Intern <input type="checkbox"/> Victim Services Volunteer | |
| Personal Information | | | |
| First & Last Name: | | | |
| Driver's License/State ID Number & Issuing State: | | | |
| Address: | | | |
| City, Zip Code: | | Date of Birth: | |
| Primary Number: | | Secondary Number: | |
| E-mail address: | | | |
| Second Language Fluency: | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, language: | |
| Descriptive Characteristics (for background investigation verification only) | | | |
| Gender: | | Race: | |
| Height: | | Hair Color: | |
| | | Eye Color: | |
| Additional Information (not all arrests/actions will preclude participation) | | | |
| History of Arrest: | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, date/s of arrest and charge/s: | |
| History of Student Disciplinary Action (student intern applicants only): | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If yes, date/s of action and outcome: | | | |
| Emergency Contact | | | |
| First & Last Name: | | Address: | |
| City, Zip Code: | | Relationship: | |
| Primary Number: | | Secondary Number: | |
| References (not family) | | | |
| Reference Name: | | Reference Number: | |
| Reference Name: | | Reference Number: | |
| Student Intern Information (only complete if applicable) | | | |
| School: | | Program: | |
| Semester Requested: | <input type="checkbox"/> Fall, year: | <input type="checkbox"/> Spring, year: | <input type="checkbox"/> Summer, year: |
| Program Contact: | | | |
| Certification | | | |
| <p>Acceptance as a Victim Services Student Intern/Volunteer will include access to information related to the mission of [Agency]. Due to this access, background investigations are conducted to determine suitability of all applicants. I certify I have made no willful misrepresentations, nor have I withheld information in my statements and answers. My signature below confirms my knowledge that this information will be investigated with my full permission at the time of application and at any time during my participation as a Victim Services Student Intern/Volunteer. "By providing your mobile number and giving consent, you agree to receive automated text messages from HireRight and the City of Greeley at the number you have provided as part of the volunteer screening process. Message frequency may vary. Standard message and data rates may apply."</p> | | | |

Signature _____

Date _____