

# ZEPHYRHILLS POLICE DEPARTMENT

## VOLUNTEER PROGRAM

### APPLICATION

Please complete application and return to Lieutenant M. Hillen  
6118 8<sup>th</sup> St Zephyrhills, FL 33542  
mhillen@police.zephyrhills.fl.us

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NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY: \_\_\_\_\_

DO YOU POSSESS A VALID FLORIDA DRIVER'S LICENSE? \_\_\_\_\_ YES \_\_\_\_\_ NO

DRIVER'S LICENSE OR ID NUMBER: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

HAS YOUR DRIVING PRIVELEGE EVER BEEN SUSPENDED OR REVOKED? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES STATE WHEN, WHY AND WHERE: \_\_\_\_\_

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HAVE YOU EVER BEEN ARRESTED OR CONVICTED OF A CRIME OR THE DEFENDENDANT IN A LEGAL PROCESS?  
IF YES PLEASE EXPLAIN: \_\_\_\_\_

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WHAT WERE THE EXACT CHARGE (S) DATE (S) OF OCCURRENCE AND THE LOCATION OF THESE ACTION (S)?

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#### PAST WORK EXPERIENCE

EMPLOYER: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE OF EMPLOYMENT: \_\_\_\_\_ TO: \_\_\_\_\_

