

**LOS ANGELES POLICE HISTORICAL SOCIETY**  
**6045 York Boulevard, Los Angeles California 90042-3503**  
**(323) 344-9445 office (323) 344-9516 facsimile**  
**Volunteer Application**

Today's Date: \_\_\_\_\_

Full Name: \_\_\_\_\_ D.O.B: \_\_\_\_/\_\_\_\_/\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ Pager: (\_\_\_\_) \_\_\_\_\_

CA Driver's License #: \_\_\_\_\_ SSN: \_\_\_\_\_

Are you or have you been a law enforcement officer?      NO      YES

If YES, for what agency \_\_\_\_\_

Appointment date: \_\_\_\_\_ Retirement date: \_\_\_\_\_

**Current employment information:**

Position: \_\_\_\_\_ Time with Company: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_ ext: \_\_\_\_\_

Have you ever been convicted of a felony?      NO      YES

If Yes, please explain \_\_\_\_\_

**Please fill-in the days and time you are available:**

Day	Time In	Time Out
<b>Monday</b>		
<b>Tuesday</b>		
<b>Wednesday</b>		
<b>Thursday</b>		
<b>Friday</b>		

Please list any hobbies, interests or skills that may be pertinent to your volunteer service:

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Please list any clubs, groups or professional organization in which you are a member:

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**REFERENCES:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Cell / Pager: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Cell / Pager: (\_\_\_\_) \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION** *In the case of an emergency contact:*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Cell / Pager: (\_\_\_\_) \_\_\_\_\_

**I declare under penalty of perjury that all statements on this form are true to the best of my knowledge. I understand that false or misleading information shall be cause for disqualification as a volunteer with the Los Angeles Police Historical Society**

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

***FOR OFFICE USE ONLY***

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_ Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Deny: \_\_\_\_\_ (circle) Docent / Volunteer Start date: \_\_\_\_\_ Time in: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Photo \_\_\_\_\_ Thumbprint ID# \_\_\_\_\_

**I have received my LAPHs identification badge and understand the rules and regulations that apply to its use:**

Receipt of LAPHs ID: \_\_\_\_\_ Date: \_\_\_\_\_