

Las Vegas Metropolitan Police Department



Partners with the Community



LAS VEGAS METROPOLITAN POLICE DEPT. METRO VOLUNTEER PROGRAM VHRU REGISTRATION FORM

Last Name _____ First Name _____ Middle Name _____

Home Address: _____ Apartment # _____

City: _____ State: _____ Zip: _____

Place of Birth (City/Town-State): _____

Social Security # _____ DOB: _____ M/F _____
MM/DD/YY

Drivers Lic. # _____ State: _____ CCW Permit# _____ Expires _____

AKA'S: _____ Height: ____ Weight: ____ Eye Color: ____ Hair: _____

Home Phone # _____ Work Phone # _____ Cell Phone # _____

Pager # _____ E-mail: _____ Fax # _____

Vehicle Year: _____ Make: _____ Color: _____ Model: _____

Vehicle Registration: _____

Coalition Member Organization (if applicable) _____

Second Language Spoken (Yes) describe _____(No)

PLEASE LIST ANY PRIOR PUBLIC SERVICE (LAW ENFORCEMENT, AUXILIARY POLICE ETC.)

	<u>Agencies</u>	<u>Position Held (Rank)</u>	<u>MO/YR.</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

I certify that the statements made in this Volunteer application are true and correct and have been given voluntarily. I understand that I will not be paid for my services as a Volunteer.

Volunteer's Signature _____ **Date** _____