Pacifica Police Department
VOLUNTEER APPLICATION (COAST)

UNDERAGE CONSUMPTION OF ALCOHOL SUPPRESSION TEAM

Please print clearly (include additional pages if necessary)

GENERAL INFORMATION

Last Name _____ First Name _____ Middle Initial ____

Street Address _____ Apt # _____

City _____ State _____ Zip _____

Date of Birth _____ Sex ☐ M ☐ F

Home Phone _____ Cell Phone _____

Email _____

Drivers License # _____ Social Security # _____

Languages spoken other than English _____

BACKGROUND

Are you currently employed? ☐ No ☐ Yes / ☐ Full-Time ☐ Part-Time

Job Title _____ Employer _____

Job Address _____ Job Phone _____

Are you currently attending school? ☐ No ☐ Yes / ☐ Full-Time ☐ Part-Time

High School/College/University _____

Grade/Year/Level _____

Relevant Work/Volunteer Experience _____

1) Have you ever been convicted of a felony? ☐ No ☐ Yes If yes, explain:

2) Are you prepared to undergo a screening check? ☐ No ☐ Yes
(this will include contacting some of your friends, family and employers)

3) What are your reasons for applying for this program? _____

I hereby agree that all of the above information is true and accurate.

Signature _____ Date _____

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