



MARYLAND NATURAL RESOURCES POLICE RESERVE OFFICER APPLICATION

Today's Date:

PERSONAL INFORMATION

NAME:

(Last)

(First)

(Full Middle)

ADDRESS:

CITY:

STATE:

ZIP:

HOME PHONE:

WORK PHONE:

CELL PHONE:

EMAIL:

DATE OF BIRTH:

PLACE OF BIRTH:

DRIVER'S LICENSE NUMBER:

STATE:

SOCIAL SECURITY ACCOUNT NUMBER:

Experience and Education

What is your educational/training background?

What is your employment history?

Have you had any previous experience as a volunteer? If so, with what organizations, and what kind of work did you do?

References

Please list three references that are not related to you. **Include name, email address, and telephone number:**

1.

2.

3.

Interests with the Maryland Natural Resources Police

Which opportunities do you wish to fulfill? (Check all that apply)

- Public Relations
- Outreach Programs
- Awareness & Education Programs
- Boating Safety
- Hunting Safety
- Other _____

- Search & Rescue
- Vehicle or Vessel Maintenance
- Courtesy Boat Inspections
- Office Administration
- Children's Programs

How often can you commit to volunteering? Occasionally Frequently Regular basis

Other _____

What days are you available? Mon Tues Wed Thurs Fri Sat Sun

Do you prefer to work (check all that apply) Directly with people served Behind the scenes Computers

Maintenance No preference

Hobbies/interests:

Hobbies/Interests continued:

Your skills you would like to use while volunteering:

Other languages you speak:

Basic Conversational Fluent

Basic Conversational Fluent

Do you have any special needs or physical restrictions we should be aware of?

Are you willing and able to volunteer a minimum of 100 hours annually? Yes No

Date you can begin service:

Criminal History

All volunteers are required to have a criminal history, motor vehicle driving record and NRP violation check. Arrests/felony convictions can disqualify you from participating. Excluding parking tickets and traffic tickets, have you received any citations, been arrested, taken into custody, detained for investigation, or charged with a crime by any law enforcement agency or military authority?

(Includes indictments, criminal summons, criminal information, probation before judgment, etc)?

Yes No If yes, explain providing dates, charges, locations and action taken.

Other than those prescribed by a doctor, have you ever used, or experimented with any type of drugs including narcotics, marijuana, inhalants/propellants? Yes No Have you ever abused prescription drugs? Yes No

If yes, explain?

Please describe in 3-5 sentences why you want to be a volunteer with the Natural Resources Police:

Why, at this particular time in your life have you chosen to volunteer with us? What do you hope to gain from being a volunteer?

The Maryland Natural Resources Police considers applicants for volunteering without regard to sex, race, age, religion, national origin, veteran or marital status, or any other legally protected status.

EMERGENCY CONTACT

Name:	Relationship:	
Address:		
CITY:	STATE:	ZIP:
Home phone:	Work phone:	

AUTHORIZATION AND AGREEMENT BY APPLICANT

I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions. I understand that any omission or false statement on this application shall be sufficient cause for rejection for enrollment or dismissal from the NRP Reserve Officer Program. I understand the purpose of the Volunteer Program is not to train citizens to be police officers and that all Volunteer Programs are non-confrontational. I acknowledge that through my volunteer service I may be privileged to information that is not available to the public and any release of that information may result in civil as well as criminal proceedings. I will abide by all rules and regulations set forth by the NRP. I give the NRP and its agent's permission to conduct a thorough background investigation that may include, but not limited to, fingerprinting, criminal history, employment history, and contact with personal references.

Signature of Applicant

Date

DO NOT WRITE BELOW THIS LINE. OFFICIAL USE ONLY

Date Received: _____
Criminal Check: _____
MVA Check: _____
NRP Violations Check: _____
Administrative Comments: _____

Area Assigned: _____
Reference Check: _____
Medical: _____
Coordinator: _____