DEPARTMENT OF PUBLIC SAFETY
VOLUNTEER POLICE, FIRE and CERT APPLICATION

Volunteer position applying for:

Firefighter opportunities

☐ Resident ☐ Non-resident ☐ Either

Police opportunities

☐ *Part-time officer ☐ Reserve officer

☐ Volunteer in Police Service

☐ Mankato Police Explorers

☐ Other_____

**Part-time police officers must possess a POST certification with a full-time license.*

☐ Community Emergency Response Team (CERT)

*All volunteer positions will be subject to a complete background check prior to volunteer placement.

Please print or type.

PERSONAL				
Last Name	MI	First Name		
Street Address		City	State	Zip Code
Phone: (H)		Phone: (W)		
Phone: (M)		Mobile Phone Provider:		
E-mail address:				

LICENSES, REGISTRATION OR CERTIFICATES			
Please list any other licenses, registrations or certificates that are required, pertinent or relevant to the position for which you are applying. Please include a photocopy.			
License/Registration/Cert.	Licensing Agency	Expiration Date	License #

EMPLOYMENT HISTORY		
Employer Name (present/most recent first)		Dates Employed From: To:
Address:		Telephone:
Your Title:	Reason for Leaving:	
Description of Duties: _____ _____ _____ _____ _____		

Employer Name:		Dates Employed From: To:
Address:		Telephone:
Your Title:	Reason for Leaving:	
Description of Duties: _____ _____ _____ _____ _____		

Employer Name		Dates Employed From: To:
Address:		Telephone:
Your Title:	Reason for Leaving:	

Description of Duties: _____
_____
_____
_____
_____

EXPERIENCE IN THE PUBLIC SAFETY FIELD		
Organization (most recent first)		Dates Employed From: To:
Address:	Supervisor:	Telephone:
Description of Duties: _____ _____ _____		
Organization:		Dates Employed From: To:
Address:	Supervisor:	Telephone:
Description of Duties: _____ _____ _____		

EXPERIENCE IN COMMUNITY SERVICE		
Organization (most recent first)		Dates Employed From: To:
Address:	Supervisor:	Telephone:
Description of Duties: _____ _____ _____		
Organization:		Dates Employed From: To:
Address:	Supervisor:	Telephone:
Description of Duties: _____ _____ _____		

EDUCATION RELATED TO THE PUBLIC SAFETY FIELD
Name and Location
1.
2.

PROFESSIONAL REFERENCES		
List people who know you well, preferably from work environment and not an acquaintance or relative		
Name	Address	Phone
Relationship		
Name	Address	Phone
Relationship		
Name	Address	Phone
Relationship		

BACKGROUND
Have you ever been convicted of a misdemeanor/felony(s)? ____yes _____no If yes, please explain (date, charge, sentence) All applicants shall be subject to a background check prior to becoming an active volunteer.

My signature below certifies that all statements made on this application are true, complete and correct to the best of my knowledge and belief. I understand these statements are subject to verification. I understand that falsification of this application can disqualify me from consideration or result in dismissal upon discovery. Furthermore, my signature below provides my authorization to the City of Mankato to do reference checks to determine my suitability for volunteer placement.

I understand that this is an application for volunteer placement with the City of Mankato's Department of Public Safety. This form is not an application for employment with the City of Mankato.

Signature	Date:

Please return this completed application form to:

Department of Public Safety
710 South Front Street
Mankato, MN 56001



MANKATO DEPARTMENT OF PUBLIC SAFETY
SUPPORT SERVICES
710 South Front Street
Mankato MN 56001
507-387-8750

Date: _____

Last Name of Subject (please print): _____

First Name (please print): _____

Middle Name (full)(please print): _____

Maiden, Alias, or Former Names used: _____

Date of Birth: _____ Sex (M or F): _____

I hereby authorize and grant my informed consent to permit the City of Mankato access to data classified as private which concerns me. The data which I authorize to be released consists of private data, as defined in MN Statute 13. The information for which release is authorized includes all data which has been collected, created, received, retained or disseminated in any form. I understand that the purpose of permitting the City of Mankato to have access to this information is to determine my suitability for acceptance into the Mankato Police Explorer Program.

This authorization shall be valid for a period of one year, but I reserve the right to, at any time prior to that expiration, cancel the written authorization by providing written notice to the department or you of that fact.

Signature_____ Date_____

If Applicant is under 18:

Parent Name (please print)__ _____

Parent Signature_____ Date_____