



# CITY OF NILES VOLUNTEER APPLICATION

Position Applied For		Date of Application		
Last Name		First Name		Middle Initial
Address Street		City	State	Zip
Telephone Number(s)				
Date of Birth		Driver's License Number		

Have you ever been employed with or volunteered for the City of Niles?  Yes  No

If Yes, give date

On what date would you be available for assignments?

Have you been convicted of a felony within the last 7 years?  Yes  No

If Yes, please explain

## REFERENCES

Give name, address, and telephone number of three references who are not related to you and are not previous employers

1
2
3

I certify that answers given herein are true and complete to the best of my knowledge.

I hereby authorize the City of Niles Police Department to conduct a background investigation to determine my suitability for this volunteer position. I further authorize and request that those people I have listed as references furnish the City of Niles with information about me, hereby releasing them and the City of Niles from all liability and responsibility arising from any information provided. A copy of this release is as valid as an original signature.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_