

Sheriff

MONMOUTH COUNTY SHERIFF'S OFFICE

2500 Kozloski Road Freehold, New Jersey 07728 Phone: 732-431-6400 Ext 1806 www.monmouthsheriff.org



VETERANS EMEGENCY TRAINING SERVICE (V.E.T.S.)VOLUNTEER APPLICATION

Cry Sure Zip E-mail Address:	Name:			Home Telephone:	
Cry Sure Zip E-mail Address:	Last	First	Middle	Cellular Telephone:	
E-mail Address:	Address:		2		
Current or most recent employer (if student, list school): Position: Supervisor's Name: Supervisor's Telephone: Current or most recent employer (if student, list school): Supervisor's Telephone: Supervisor's programs in which you are interested: How often are you available? Due Supervisor's programs in which you are interested: How often are you available? Supervisor's the above question, please list all and explain. Use additional pages if necessary. How did you hear about this volunteer opportunity? Please list three references: Name: Address: Supervisor's Telephone: Current Address: C	E-mail Address:		City	ý	State Zip
Position:Supervisor's Name:Supervisor's Telephone: Education: (list high school, college, advanced degrees): Work History (provide a brief summary of previous employment in the past seven years): Special Skills (indicate special skills, military training and equipment used): Indicate the types of Sheriff's programs in which you are interested: How often are you available? Daily Weekly Monthly Other: Have you ever been convicted of any law violations (including moving traffic violations)? Yes No If you answered "yes" to the above question, please list all and explain. Use additional pages if necessary. How did you hear about this volunteer opportunity? Please list three references: Name: Address: Telephone: Name: Address: Telephone: I certify that all the information provided by me in connection with my application is true and complete. I understand that any misstatement, falsify cation or omission of information provided by me in connection, with my application is true and complete. I understand that as a condition of acceptance into the V.E.T.S. program. I will be required to provide a DD-214 Certificate of Release or Discharge from Active Duty I certify information detailed in this document is true and correct:	Are you currently employed?	🗌 Full time 🔲 Part time	🗌 No	Work Telephone:	
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Please return this completed application to:					Date

Monmouth County Sheriff's Office ATTN: V.E.T.S. Mike Ferraro, Asst Veterans Service Officer 2500 Kozloski Road Freehold, NJ 07728