

New York State Law Enforcement and Community Council Volunteer Application Form

Section 1: Personal Information

Full Name: _____

Date of Birth (MM/DD/YYYY): _____

Gender: _____

Address: _____

Phone Number: _____

Email: _____

Section 2: Membership Information

Why do you want to join NYSLECC?: _____

Have you done 100 hours volunteer with NYSLECC?: _____

Relevant skills/experience: _____

Section 3: Emergency Contact Information

Contact Name: _____

Relationship: _____

Phone Number: _____

Email: _____

Section 4: Consent and Agreement

By signing below, I confirm that all the information provided is accurate to the best of my knowledge.

I agree to follow the rules and regulations set by the New York State Law Enforcement and Community Council.

Applicant's Signature: _____

Date: _____



