



STATES OF JERSEY
POLICE

Volunteer Application

Name _____

Address _____

Are you over 18?

Telephone _____

Email _____

Why you are interested in volunteering for the police?

Please let us know any skills that you have that you think will make you a good volunteer

Once you have submitted your form a member of police staff will contact you within 14 days, to discuss any volunteering possibilities.

Thank you for your interest in volunteering with The States of Jersey Police.

SUBMIT FORM