

## **APPLICATION INSTRUCTIONS AND GENERAL INFORMATION**

Please fill out the MCSU Application on the following page, and then Email [MCSU351@gmail.com](mailto:MCSU351@gmail.com) to arrange for an interview time. Interviews are held at the Recreation Center 620 W. Woodward Heights on Thursday and Friday nights.

Mobile Communication Support Unit is a group of volunteers that work with the Hazel Park Police Department. We ask for 4 hours a week of your time, reliable transportation and not have any felony convictions on your record. You will receive one gallon of gas reimbursement for each hour worked. All training is provided by MCSU supervisors.

Any necessary equipment is provided by MCSU and would be considered 'on loan' and would need to be returned at the end of shift.

Standard shifts are 7-11 Thursday, Friday and Saturday nights. Most shifts we roam the city being the eyes and ears for the police department. There are times when we are assigned to various duties, as a volunteer you have the right to refuse an assignment and can ask to be placed somewhere else. If there is nothing else available you may leave for the rest of the shift.

We are unarmed volunteers and have no police powers we do not get involved in arrests or capture of suspects.

Thank you for your interest in serving your community.



City of

# Hazel Park

Mobile Communications Support Unit



## Personal Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle initial \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Driver License Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_

## Emergency Contact

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

## Vehicle Information

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ Plate # \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ Plate # \_\_\_\_\_

## Work Information

Company \_\_\_\_\_ Phone # \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Do you belong to surveillance or Patrol group? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Reason for requesting Membership? \_\_\_\_\_

Recommended By: \_\_\_\_\_

I certify that the above information is correct and if accepted for membership I promise to follow all guidelines set forth in the M.C.S.U. By-laws.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Interviewed By \_\_\_\_\_ Date \_\_\_\_\_

LEIN Check \_\_\_\_\_ Unit Number \_\_\_\_\_

Direct all inquires to Steve Stewart 810-366-0246  
11/2017

or Chief Brian Buchholtz 248-542-6161