Volunteers In Policing

Volunteer Application

FOR OFFICE USE ONLY	
Date:	Initial:

Tempe Police Department

Name: _____
Last First Middle

Address: _____
Number Street City/State ZIP

Date of Birth: _____ S.S. No.: _____ Married: Yes _____ No _____ (Optional)

Arizona Driver's License No. _____

You must attach a copy of your valid driver's license.
IF NO DRIVER'S LICENSE – OTHER PHOTO ID REQUIRED

If license has ever been suspended, why? _____ Explain any citations _____

Do you have transportation: Yes _____ No _____ Current Auto Insurance: (name of company): _____

Cell Phone No.: ( ) _____ Home Phone No.: ( ) _____ Work No.: ( ) _____

Email Address: _____

Please list and explain any other names you have used: _____

_____

List any languages, other than English, which you speak fluently: _____

List any special skills, training, interests or hobbies you have that may be useful to the Police Department: _____

_____

Educational background: High School Diploma/GED: Yes _____ No _____ Name of School: _____

College: Name of School: _____ Dates Attended: _____ Degree Received: _____

Volunteer Experience: _____

_____

Days available for volunteer work (check boxes): ☐ Sun. ☐ Mon. ☐ Tue. ☐ Wed. ☐ Thur. ☐ Fri. ☐ Sat.

Preferred hours per day -- From: _____ To: _____

List Military Service: Branch _____ Date entered: _____ Date Separated: _____ Hon. Discharge: Yes ____ No ____

Work Experience (most recent first): PLEASE PRINT CLEARLY

1. _____
Employer Name Complete Address Duties From/To

2. _____
Employer Name Complete Address Duties From/To

3. _____
Employer Name Complete Address Duties From/To

(PLEASE COMPLETE BOTH SIDES)

Have you ever **used** or **tried** any narcotic drugs (includes marijuana) without a doctor's prescription? Yes _____ No _____

If yes, explain: _____

_____

Have you ever committed a felony or misdemeanor? Yes _____ No _____

If yes, explain: _____

_____

Have you ever been arrested and/or convicted of a felony or misdemeanor? Yes _____ No _____

If yes, explain: _____

_____

Is there anything in your past which might disqualify you from functioning as a Volunteer In Policing? Yes _____ No _____

If yes, explain: _____

_____

IN CASE OF AN EMERGENCY, PLEASE CONTACT:

Name: _____

Relationship to Volunteer: _____

Phone #: [Circle One: – Cell – Home – Work] _____

Do you have medical insurance? Yes _____ No _____

Name of company: _____

Policy No.: _____

As a candidate for a volunteer position with the Tempe Police Department, I am willing to furnish any information necessary for determining my qualifications. In this regard, I authorize release of any and all information that you may have concerning me, including information of a confidential or privileged nature, as is necessary to evaluate my qualifications for the volunteer position. I hereby release you, your organization, or others from liability or damage which may result from furnishing the information requested.

I understand that for security reasons a background investigation, including a polygraph, will be conducted and I will be fingerprinted. I understand that this information will be used for the specific purpose of evaluating my qualifications for a volunteer position. I understand that falsifying statements on this application or during the interview process is cause for my immediate dismissal from the volunteer program.

I understand that information I provide in this application will be verified on the polygraph examination.

Signature: _____ Date: _____

My interest in the Volunteers In Policing:

Have you ever volunteered for a Police Department? Yes _____ No _____

If yes, where & when and describe position: _____

I heard about the V.I.P. program through: _____

I am interested in becoming a V.I.P.because: _____

_____

I believe that I could help the V.I.P. in the following ways:: _____

_____

_____

Personal Reference Information - PLEASE PRINT CLEARLY

Must list two personal references, other than family, who have known you well for at least the past 5 years:

Name:					
Address:					
City:		State:		Zip:	
Phone Number:					
E-Mail Address:					
Relationship & years known:					

Name:					
Address:					
City:		State:		Zip:	
Phone Number:					
E-Mail Address:					
Relationship & years known:					

ILLEGAL USE OF DRUGS / CONTROLLED SUBSTANCES – *Please Complete All Sections*

Type of Drug	Have you ever tried?	How many times after age 18?	Date first used:	Date last used:	Have you ever sold, smuggled or transported for sale or personal gain?
Marijuana	☐ Yes ☐ No				☐ Yes ☐ No
Hashish	☐ Yes ☐ No				☐ Yes ☐ No
Cocaine / Crack	☐ Yes ☐ No				☐ Yes ☐ No
Methamphetamine / Speed	☐ Yes ☐ No				☐ Yes ☐ No
Heroin	☐ Yes ☐ No				☐ Yes ☐ No
Opium	☐ Yes ☐ No				☐ Yes ☐ No
Morphine	☐ Yes ☐ No				☐ Yes ☐ No
LSD / Acid	☐ Yes ☐ No				☐ Yes ☐ No
Peyote	☐ Yes ☐ No				☐ Yes ☐ No
Mescaline	☐ Yes ☐ No				☐ Yes ☐ No
Steroids	☐ Yes ☐ No				☐ Yes ☐ No
Any other illegal drugs	☐ Yes ☐ No				☐ Yes ☐ No
Illegal use of prescription medications	☐ Yes ☐ No				☐ Yes ☐ No

If you answered "Yes" on any of the areas listed above, please provide a full explanation on a separate sheet of paper. Include, if applicable, the following information:

a) How the drug was ingested or consumed

b) The duration of usage

c) The motivation for using the drug

d) How the drug was obtained

e) Why you stopped using the drug

f) Any other factors you believe are relevant

I hereby certify that this entire supplemental questionnaire was completed by me and all statements contained herein are true and complete to the best of my knowledge. I understand that omissions or misstatements may be cause for rejection of this volunteer application, removal of my name from the eligibility list, and/or discharge from City service. I understand that this information is subject to verification by any federal, state, and local agencies.

Applicant's Name (Print)

Applicant's Signature

Date

City of Tempe Police Department
Automatic and Discretionary Disqualifier Questionnaire

NOTE: FAILURE TO ANSWER ALL OF THE FOLLOWING QUESTIONS IN DETAIL MAY DISQUALIFY YOUR APPLICATION

AUTOMATIC DISQUALIFIERS

The City of Tempe Police Department will automatically disqualify any individual who can answer "Yes" to any of the following questions. ***Please read and answer the following automatic disqualifiers:***

☐ **Yes** ☐ **No**	Have you ever been convicted of a felony or any offense that would be a felony if committed in Arizona?
☐ **Yes** ☐ **No**	Have you ever sold, produced, cultivated, or transported marijuana, narcotics or dangerous drugs?
☐ **Yes** ☐ **No**	Have you lied during any stage of the hiring process?
☐ **Yes** ☐ **No**	Have you falsified your questionnaire or application?

If you answered "YES" to any of these questions please withdraw your application from consideration.

DISCRETIONARY DISQUALIFIERS

The following disqualifiers may, upon review by the Tempe Police Department, make you ineligible to become a volunteer of the City of Tempe Police Department. ***Please read and answer the following discretionary disqualifiers:***

☐ **Yes** ☐ **No**	Have you ever abused prescription medication and/or FDA approved over-the-counter preparations?
☐ **Yes** ☐ **No**	Have you ever used any hallucinogenic drug including hallucinogenic mushrooms (except during religious ceremonies)? Hallucinogenic drugs also include LSD.
☐ **Yes** ☐ **No**	Have you ever used any type of illegal drugs or narcotics after the age of 18 years? *Examples of a illegal drug or narcotic drug would be, **but is not limited to**: cocaine, crack, marijuana etc.; Methamphetamine (Crystal Meth or speed of any kind); Anabolic Steroids (after 1994), except prescription only or FDA approved over-the-counter preparations.*
☐ **Yes** ☐ **No**	Have you ever used any type of illegal drugs or narcotics before the age of 18 years?
☐ **Yes** ☐ **No**	Have you engaged in unlawful sexual misconduct?
☐ **Yes** ☐ **No**	Have you ever had excessive traffic violations?
☐ **Yes** ☐ **No**	Have you ever been involved in the commission of a felony?
☐ **Yes** ☐ **No**	Have you received a discharge from the United Stated armed forces that was other than an honorable?
☐ **Yes** ☐ **No**	Have you demonstrated an unwillingness to honor fiscal contracts or just debts?
☐ **Yes** ☐ **No**	Have you engaged in any other conduct or pattern of conduct that would tend to disrupt, diminish, or otherwise jeopardize public trust in the profession?
☐ **Yes** ☐ **No**	Had your Arizona Driver's license suspended as a result of excessive traffic violations or any other act that would automatically suspend your driver's license or received a suspended driver's license from another state as a result of similar circumstances?

If one or more of these disqualifiers pertains to you, be prepared to fully disclose the facts, circumstances, or details as part of a thorough background investigation and polygraph phase of the selection process.

I certify that I have read and understand the Automatic and Discretionary Disqualifiers associated with the City of Tempe's Police Department positions.

Applicant's signature	Date

Tempe City of Tempe Police Department

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, DO HEREBY AUTHORIZE any and all persons, employers, partnerships, corporations and all civilian and government entities, military agencies, law enforcement agencies, private, City, County, State and Federal entities to release, furnish and exchange any and all available information relating to me for the purpose of determining my suitability for employment with the City of Tempe Police Department. This includes, but is not limited to, all information related to my employment, performance, disciplinary history, character, integrity, reputation, conduct, behavior and fitness for duty. This authorizes release to the City of Tempe Police Department, Personnel Division and/or City of Tempe Human Resources Department. This release is in addition to and not intended to curtail or diminish the authorization and immunity provided by statute. I DO HEREBY RELEASE from any and all liability, all persons or entities disclosing information pursuant to this release.

_____ _____

Signature of Applicant Date

Sworn and Subscribed before me this _____ Day of _____, _____

By: _____

State of: _____ County of: _____

Signature of Notary Public: _____

Notary Stamp:

Volunteers In Policing

Tempe Police Department

WHAT TO EXPECT FROM HERE

1. **We must have the completed original form in the office before you can be invited for a screening.**
2. **When we receive your application, the following is done:**
   a. **Records Check**
   b. **Both references mailed out**
3. **If Records Check comes back negative and once both references are returned**
   a. **You will be contacted for a screening interview**
4. **At the screening interview you will:**
   a. **be interviewed on what your past experiences and interests are**
   b. **receive information on volunteer positions available at this time**
   c. **determine if both VIPs and you are interested in further pursuing volunteer positions**
5. **If agreed to pursue**
   a. **You will be fingerprinted**
   b. **your application will be sent to polygraph and you will be contacted by them to schedule an appointment**
6. **If you pass the polygraph your file will be forwarded to background.**
7. **If you pass your background check you will be contacted by the volunteer coordinator for an orientation interview and receive information on:**
   a. **Rules and regulations for VIPS**
   b. **Your ID number in order to go to Human Resources to get your Identification Card**
   c. **Current openings for volunteers**
      i. **You will get information on supervisors to contact regarding these openings to see if there is a match**

NOTE: As advised this process can take 2-3 months depending on several factors, return time for your references or how many persons are in the cue before you for polygraph.

VOLUNTEER APPLICATION CHECKLIST
✓ Have you included complete addresses for 2 references?
✓ Have you included complete addresses for up to 3 employers?
✓ Have you included a copy of your driver's license?
✓ Have you included your social security number?
✓ Have you included emergency information?
✓ Have you signed the application on pages 2, 3 and 4?
✓ Have you signed & Notarized Authorization for Release of Information?
✓ Return completed original application to: Christine Édes Kling, Volunteer Coordinator Tempe Police Department 120 E. 5th Street, Tempe AZ 85281