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| **Application For Volunteering** | **GLOBE POLICE DEPARTMENT** |

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| We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status. |

(Please Print)

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date of Application: | | Last Name: | | First Name: | | | | Middle Name: | | | | | |
|  | |  | |  | | | |  | | | | | |
| Address: *Number Street* | | | | | *City* | | | | | *State* | | *Zip Code* | |
|  | | | | |  | | | | |  | |  | |
| Telephone Number(s): | | | | | | | | Social Security Number: | | | | | |
|  | | | | | | | |  | | | | | |
|  | | | | | | | | | | |  | |  |
| How Did You Learn About Us? | | | | | | | | | | | | | |
| Newspaper | Friend/Relative | | | | | Walk-In | | | City Website | | | | |
| Radio | Social Media (Facebook, etc) | | | | | Community Event | | | Other: | | | | |
|  | | | | | | | | | | |  | |  |
| What volunteering opportunities would you be interested in (check all that apply)? | | | | | | | | | | | | | |
| Civilians on Patrol (COP) | | | Victim Advocacy Program (VAPS) | | | | Crime Scene Support | | | | | | |
| Traffic Control | | | Grant Research & Writing | | | | Block Watch Liaison | | | | | | |
| Information Technology | | | Property & Evidence Control | | | | Community Police Programs | | | | | | |
| Statistical Analysis | | | Equipment Inventory & Control | | | | Data Entry (tickets/reports) | | | | | | |
| Front Counter | | | Other: | | | |  | | | | | | |

When are you available to volunteer?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Sun | Mon | Tue | Wed | Thu | Fri | Sat |
| Mornings |  |  |  |  |  |  |  |
| Afternoons |  |  |  |  |  |  |  |
| Evenings |  |  |  |  |  |  |  |

List months you are available:

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |

Do you have transportation to and from your volunteer job?  Yes  No

Emergency Contact Information:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Last Name: | First Name: | | Main Phone: | Other Phone: | | |
|  |  | |  |  | | |
| Address: *Number Street* | | *City* | | | *State* | *Zip Code* |
|  | |  | | |  |  |

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

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| **Education, Training & Experience** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Name of School | Course of Study | Years Completed | Diploma/Degree |
| High School |  |  |  |  |
| College |  |  |  |  |
| College |  |  |  |  |
| Other (Specify) |  |  |  |  |

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| Describe any specialized training, apprenticeship, skills and extra-curricular activities: |
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| Describe any prior volunteer experience: |
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| **Employment Experience** |

List your current employment status from the choices below. If you are currently employed list your employer, otherwise, list your most recent employer.

Full Time  Part Time  Unemployed  Retired  Student

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Employer: | | Dates Employed | | Work Performed |
|  | |
| Address: | | From | To |  |
|  | |  |  |
| Telephone Number(s): | | Hourly Rate/Salary | |
|  | |
| Job Title: | Supervisor: | Starting | Final |
|  |  |  |  |
| Reason for Leaving: | |  |  |
|  | |  |  |

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| **References** |

Please list three personal references who have known you well for the last two years and are currently able to be contacted in reference to your character.

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | Name: | Title: | Phone: |
|  |  |  |
|  | Address: | | |
|  |  | | |
| 2 | Name: | Title: | Phone: |
|  |  |  |
|  | Address: | | |
|  |  | | |
| 3 | Name: | Title: | Phone: |
|  |  |  |
|  | Address: | | |
|  |  | | |

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| **Applicant’s Statement** |

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| I certify that answers given herein are true and complete to the best of knowledge.  I authorize investigation of all statements contained in this application for volunteering as may be necessary in arriving at an employment decision.  I understand that I am a volunteer and as such, **I will receive no financial compensation for my service**, nor will I receive any special considerations with regard to regular paid employment with the City of Globe. I understand that my participation in the City of Globe’s Volunteer in Police Service Program may be terminated at any time if policies and procedures are not followed.  In the event of being accepted to a volunteer position, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.  **For special accessibility needs, please contact ADA/504 Coordinator at 928-425-7146 (Voice) or 928-425-5330 (TDD). Requests should be made a minimum of 72 hours in advance.**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Signature of Applicant Date** |

Please Return To: City of Globe Police Department

175 N Pine St

Globe, AZ 85501

928-425-5751

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **FOR PERSONNEL DEPARTMENT USE ONLY** | | | | | | | | | |
| Arrange Interview? | Yes | No |  | | | |  |  | |
| Remarks: | | | | | | | | | |
| Interviewer: | | | | Date: | | | | | |
| Employed? | Yes | No | Date of Employment: | | | | | | |
| Job Title: | | Hourly Rate/Salary: | | | | Department: | | | |
| By: |  | | | |  | | |  |  |
|  | NAME | | | | TITLE | | | DATE | |

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| Notes: |

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| **Confidentiality Agreement** | **GLOBE POLICE DEPARTMENT** |

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree to serve as a volunteer for the Globe Police Department.

I understand that I will be subject to all the City of Globe and Globe Police Department policies and procedures. I will be expected to assume the responsibilities as listed in my job description and will carry out the same to the best of my ability.

**I understand that I will be required to:**

1. Be punctual and reliable;
2. Notify my coordinator (and my partner if working on Patrol) if I am delayed or unable to keep my schedule;
3. Keep all client data confidential (names, addresses, etc. are not to be discussed outside the Police Department);
4. Ask a staff member or appropriate coordinator for assistance on any question or matter of which I am not sure of the right answer;
5. Abide by the Police Department’s mission, vision, and values.

**The City of Globe Police Department agrees to:**

1. Provide volunteers with an orientation course and adequate job training;
2. Provide adequate space and working conditions for the volunteer to perform their assigned duties in;
3. Be available for assistance and consultation when it is needed and requested by the volunteer;
4. Review volunteer performance on a regular basis, keep account of volunteer hours and provide a letter of recommendation when requested.

I understand that I am a volunteer and as such, **I will receive no financial compensation for my service**, nor will I receive any special considerations with regard to regular paid employment with the City of Globe. I understand that my participation in the City of Globe’s Volunteer in Police Service Program may be terminated at any time if policies and procedures are not followed.

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Volunteer Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_\_\_\_

VIPS Unit Staff Member Signature Date

|  |  |
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| **Permission for Background Check** | **GLOBE POLICE DEPARTMENT** |

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby allow the City of Globe Police Department to perform a check on my background including:

* Criminal Record
* Driving Record
* Past Employment History
* Personal References
* Past Volunteer Experience

I understand that if I do not agree to this background check that refusal will exclude me from consideration as a Globe Police Department volunteer.

This information is of a confidential nature and, as such, will not be shared with other personnel except those involved in the background check for this specific volunteer position. All information collected will be kept confidential.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_\_\_\_

Volunteer Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_\_\_\_

VIPS Unit Staff Member Signature Date

|  |  |
| --- | --- |
| **Confidentiality Statement** | **GLOBE POLICE DEPARTMENT** |

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby agree to regard all information received in the performance of my volunteer work for the Globe Police Department as confidential.

I understand that the Globe Police Department respects its clients’, staff’s, and volunteers’ rights with regard to privacy of information and I agree to respect these rights in the performance of my volunteer duties and to keep “professional” confidentiality in all my statements outside the agency.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_\_\_\_

Volunteer Signature Date

Subscribed and sworn before me this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Seal) Notary Public

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My Commission Expires:

|  |  |
| --- | --- |
| **Authorization for Release of Information** | **GLOBE POLICE DEPARTMENT** |

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, do hereby authorize any and all persons, employers, partnerships, corporations, and all civilian and County, State and Federal entities to release, furnish, and exchange any and all available information relating to me for the purposes of determining my suitability to be a Globe Police Department volunteer. 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 of any and all information to the Globe Police 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.**

A photocopy of this Authorization for Release of Information shall be considered an equivalent of the original.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_\_\_\_

Volunteer Signature Date

Subscribed and sworn before me this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Seal) Notary Public

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My Commission Expires:

|  |  |
| --- | --- |
| **Disclosure Statement** | **GLOBE POLICE DEPARTMENT** |

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby understand that my volunteer position at the Globe Police Department is contingent upon the organization’s review and approval of a truthfully completed and signed Disclosure Statement and a receipt of a report declaring no evidence of criminal history from the Criminal Justice Department. If my duties include driving for the organization, I authorize Globe Police Department to check my driving history and to ask for a copy of my automobile insurance policy. I further understand that if I am permitted to volunteer, I may be discharged for any misrepresentation or omission on the application or disclosure statement or the request for criminal history.

|  |  |
| --- | --- |
| Printed Name: |  |
| Date of Birth: |  |
| Social Security Number: |  |
| Driver’s License Number: |  |
| State Issued By: |  |
| Address: |  |
| Main Telephone Number: |  |
| Secondary Telephone Number: |  |

**Have you ever been:**

1. Convicted of any crimes against persons (Murder, Kidnapping, Assault, Assault of a Child, Reckless Endangerment, Rape, Rape of a Child, Robbery, Burglary, Child Abuse or Neglect, Prostitution, Extortion, etc.)?  Yes  No
2. Convicted of any crime against property (Theft of Money, Auto Theft, Fraud, Possession of Stolen Property, Arson, etc.)?  Yes  No

Answering “Yes” to any of the above inquiries will not necessarily disqualify you from volunteering with the Globe Police Department, but will require Globe Police Department to make further inquiries before continuing your background investigation. Globe Police Department will use any information obtained from you or the Department of Public Safety only for the purposes of making its decision whether to permit you to act as a Globe Police Department volunteer, and for no other purpose.

**I declare under penalty of perjury under the laws of this state that the foregoing is true and correct.** I authorize investigation of all statements herein and release the Globe Police Department from liability in connection with the same.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_\_\_\_

Volunteer Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_\_\_\_

VIPS Unit Staff Member Signature Date