



# Avondale Police Department Volunteer Application



<b>V.I.P.S.</b>		LAST		FIRST		MIDDLE		SOCIAL SECURITY NUMBER	
HOME ADDRESS				CITY		STATE Arizona		ZIP CODE	
WORK/SCHOOL ADDRESS				CITY		STATE		ZIP CODE	
RACE	SEX	HT	WT	HAIR	EYES	DOB	AGE	Miscellaneous	
DRIVER'S LICENSE NUMBER		STATE	CLASS	RESTRICTION	STATUS	Miscellaneous			

What areas would you be interested in volunteering in? Please check all that apply.

## POLICE DEPARTMENT:

Areas of Interest: \_\_\_\_\_

When are you available to volunteer?

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Mornings							
Afternoon							
Evenings							

Months you are available? ☐ JAN ☐ FEB ☐ MAR ☐ APR ☐ MAY ☐ JUN ☐ JUL ☐ AUG ☐ SEP  
☐ OCT ☐ NOV ☐ DEC

What Special Interest, Hobbies, Skill(s)/Training would you like to share?

Prior Volunteer Experience:

How did you become interested in our Volunteer Program?

☐ Brochure ☐ General Awareness ☐ Volunteer Referral ☐ Community Event  
☐ Newspaper ☐ Volunteer Bureau/Organizations ☐ Friend Referral ☐ Other

## Employment Experience

☐ Employed Full Time ☐ Employed Part Time ☐ Unemployed ☐ Retired ☐ Student

Current or Previous Employer	Title	Phone	Supervisor
Employer Address	City	State	Zip Code
Duties	Title	Phone	Supervisor

Have you any convictions (sealed or otherwise) or are you currently awaiting disposition on any criminal matter for which have been arrested? If so explain:



# Avondale Police Department



**Education:** High School Diploma or GED? ☐ Yes ☐ No

College, University, Graduate School	Major	Degree	Date Earned

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## Emergency Contact Information

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Work Phone \_\_\_\_\_

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

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*The City of Avondale is most grateful to those people who are willing to volunteer their time to assist the city through various volunteer programs. As a sign of the changing times, laws have been enacted to protect both the people we are serving and those honorable people who contribute their time as volunteers. This law requests that volunteers working in sensitive areas undergo procedures that may appear on the surface to be offensive to people giving their time and service.*

Conditions:

I fully understand, acknowledge and agree to the following:

All of the following will be required before placement in any police volunteer position:

- A. Background Investigation
- B. Fingerprinting
- C. Polygraph Examination

All Statements made in the application are true and authorization is given to investigate all matters contained in the application. Any false statements or misrepresentation on this application will be cause for refusal of placement or dismissal at any time during my placement.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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Please Return To: City of Avondale Police Department  
Volunteers In Police Service Program  
Attn: Debbie Ray, CVA  
11485 W. Civic Center Drive  
Avondale, Arizona 85323  
(623)333-0701 Fax

For Office Use Only			
Date Received		Initial Interview Date & Time	
Database Entry		Interview Location	
Received By			





# Avondale Police Department

## Confidentiality Agreement



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

I understand that I will be subject to all the City of Avondale and Avondale 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.

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**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, (Confidential information - Names, addresses, etc. is 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.

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**THE CITY OF AVONDALE POLICE DEPARTMENT VOLUNTEER SERVICES UNIT AGREES TO:**

1. Provide volunteers with an orientation course and adequate job training.
2. Provide adequate space and working conditions while performing assigned duties.
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.

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I understand that I am a volunteer, 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 Avondale. I understand that my participation in the City of Avondale Police Department's Volunteer In Police Service Program may be terminated at any time if policies and procedures are not followed.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
VIPs Division Staff Member Signature

\_\_\_\_\_  
Date

**Permission to Perform Background Check**



## Avondale Police Department



I hereby allow the City of Avondale 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 an Avondale Police Department volunteer.

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

Printed Name:	
Signature:	X
Social Security Number:	
Date:	
Witness Name:	



# Avondale Police Department

## Permission to Perform Background Check Continued...



### PERSONAL REFERENCES:

Please list three personal references that have known you well for the last two years that may be contacted in reference to your character.  
(Please do not list relatives)

<b>1</b>	Name	
	Address	
	Telephone Number	
	E-MAIL	

<b>2</b>	Name	
	Address	
	Telephone Number	
	E-MAIL	

<b>3</b>	Name	
	Address	
	Telephone Number	
	E-MAIL	

Miscellaneous

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Notes: \_\_\_\_\_



# Avondale Police Department



## Confidentiality Statement

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

I understand that Avondale Police Department respects its client's, staff, and volunteer's 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.

Printed Name:	
Signature:	X
Date:	
Witness Name:	

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ 2012.

(Seal)

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Expires





# Avondale Police Department



## Authorization for Release of Information

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 purpose of determining my suitability to be an Avondale 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 Avondale 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.

Printed Name:	
Signature:	X
Date:	

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ 2012.

(Seal)

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Expires



## Avondale Police Department Disclosure Statement



I understand that my volunteer position at the Avondale 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 Avondale 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	
Home Telephone Number	
Cellular Telephone Number	

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**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.)

Check One:    ☐ Yes    ☐ No

2. Convicted of any crime against property (Theft of money; auto theft; Fraud; Perjury; Possession of stolen property; Arson, etc.)

Check One:    ☐ Yes    ☐ No

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Answering yes to any of the above inquiries will not necessarily disqualify you from volunteering with the Avondale Police Department, but will require Avondale Police Department to make further inquiries before continuing your background investigation. Avondale Police Department will use any information obtained from you or the Department of Public Safety only for the purpose of making its decision whether to permit you to act as an Avondale 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 Avondale Police Department from liability in connection with the same.

Printed Name:	
Signature:	X
Date:	