

Return Application To:
Attn: Volunteer Coordinator
City of Peoria Police Department
8343 West Monroe Street
Peoria, AZ 85345

CITY OF PEORIA
POLICE DEPARTMENT
VOLUNTEER APPLICATION

DATE OF APPLICATION _____

LAST NAME _____ FIRST NAME _____ MI _____

ADDRESS _____ APT# _____ CITY _____ ZIP _____

HOME PHONE _____ WORK PHONE _____

EMERGENCY CONTACT _____
name phone(s)

PREVIOUS VOLUNTEER
EXPERIENCE: _____

SPECIAL SKILLS, TRAINING,
HOBBIES _____

WORK
EXPERIENCE _____

EDUCATION: High School Diploma/GED: Yes _____ No _____
College: Name of School _____ Degree received _____

TYPE OF VOLUNTEER WORK
DESIRED _____

PERSONAL REFERENCES (Persons not related to you)

| | name | address | phone | #years known |
|----|-------|---------|-------|--------------|
| 1. | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ |

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Please complete both pages

Hours Available On _____
Mon Tue Wed Thu Fri Sat Sun

How Did You Hear about
the Peoria Police Dept's
Volunteer Program?

Have you ever been arrested and/or convicted of a felony or misdemeanor? Yes_____ No_____

If yes, please
explain: _____

Do you have medical insurance? Yes_____ No_____

I understand that for security reasons a basic background check will be conducted and I will be fingerprinted. Additional background information, including a polygraph, may be requested if a specific volunteer assignment calls for a thorough security check.

I hereby release you, your agency, or others from liability or damage which may result from furnishing the information requested.

I understand that falsifying statements on this application or during the interview process is cause for my immediate dismissal from the volunteer program.

Signature _____ Date _____