

# City of Peoria-Police Department

## VOLUNTEER APPLICATION

Professional Ethical Open Responsive Innovative Accountable		<b>Location &amp; Mailing Info:</b> City of Peoria Police Department Attn: Volunteer Program Coordinator 8351 W. Cinnabar Avenue Peoria, AZ 85345 Phone: (623) 773-5007
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All requested information must be furnished. The information you provide will determine whether you are eligible for the position. All information contained on this volunteer application is subject to verification. Any omission, misstatement or falsification may be cause for rejection of this volunteer application.

### GENERAL INFORMATION (Please type or print legibly with ink)

Name: _____	_____	_____
(Last)	(First)	(Middle Initial)
Address: _____		
(Street)	(City/State)	(ZIP)
Phone: _____		
(Home)	(Work - OPTIONAL)	(Cell/Message)
E-Mail Address: _____		(Please indicate best contact number)

### AVAILABILITY

How many hours per week would you like to volunteer? \_\_\_\_\_

What type of volunteer work do you desire? \_\_\_\_\_

What days and hours are you available to volunteer?

Monday: \_\_\_\_\_ Tuesday: \_\_\_\_\_ Wednesday: \_\_\_\_\_ Thursday: \_\_\_\_\_

Friday: \_\_\_\_\_ Saturday: \_\_\_\_\_ Sunday: \_\_\_\_\_

### Where did you first learn about this volunteer opportunity?

1. <input type="checkbox"/> Peoria Website	2. <input type="checkbox"/> Peoria Job Hotline	3. <input type="checkbox"/> City Employee	4. <input type="checkbox"/> Walk-In
5. <input type="checkbox"/> Newspaper: _____	6. <input type="checkbox"/> Job Fair: _____		
7. <input type="checkbox"/> Professional Publication or Web-site: _____	8. <input type="checkbox"/> Other: _____		

### EDUCATION

Did you obtain a HS Diploma or GED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Colleges/University	City/State	Major Coursework	Sem. Hours	Degree(s) Completed

## LICENSES-CERTIFICATIONS-SPECIAL SKILLS

Do you have a valid Driver's License?	State:	CDL	Classification:
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>List any CDL endorsements:</i> _____			
Professional Certifications, Licenses or Memberships: _____			
<b>Language Proficiency</b> (Any language other than <i>English</i> )			
Language:	Speak:	Read:	Write:
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
List any specialized training you have that may be beneficial in your volunteer position (include number of hours and course content): _____ _____			
List any computer software training you have received: _____ _____			
List any equipment that you are able to operate that relates to this position: _____ _____			

## VOLUNTEER AND WORK EXPERIENCE

Begin with your present or most recent position. List all jobs held, paid or volunteer, over the last ten years. Your qualifications will be evaluated on the basis of the information provided on this application. You may attach a separate sheet if additional space is needed, or to include applicable experience prior to ten years ago.

EMPLOYER NAME/ADDRESS	List all Positions Held	Annual Salary	Dates Mo/Yr – Mo/Yr	Hours Per Week
Supervisor				
Phone Number				
May we contact your employer? _____				
Primary job duties: _____ _____				
Reason for leaving: _____				
Total Time Worked: _____ Years _____ Months				

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May we contact your employer? _____ Primary job duties: _____ _____				
Reason for leaving: _____ Total Time Worked: _____ Years _____ Months				

**READ THIS APPLICATION AND VERIFY YOUR ANSWERS BEFORE SIGNING BELOW**

I understand that for security reasons a basic background check, including a polygraph examination, will be conducted, and I will be fingerprinted. Additional background information 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.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_