City of Peoria-Police Department

VOLUNTEER APPLICATION

Professional  Ethical  Open  Responsive  Innovative  Accountable

Location & Mailing Info:
City of Peoria Police Department
Attn: Volunteer Program Coordinator
8351 W. Cinnabar Avenue
Peoria, AZ  85345
Phone: (623) 773-5058

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?
7. ☐ Professional Publication or Web-site:_________________  8. ☐ Other:_________________________

EDUCATION

Did you obtain a HS Diploma or GED? ☐ YES  ☐ NO

<table>
<thead>
<tr>
<th>Colleges/University</th>
<th>City/State</th>
<th>Major Coursework</th>
<th>Sem. Hours</th>
<th>Degree(s) Completed</th>
</tr>
</thead>
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</table>

Revised 8/16/2016 -DM
## LICENSES-CERTIFICATIONS-SPECIAL SKILLS

<table>
<thead>
<tr>
<th>Do you have a valid Driver’s License?</th>
<th>State:</th>
<th>CDL</th>
<th>Classification:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td></td>
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List any CDL endorsements:

Professional Certifications, Licenses or Memberships: ____________________________________________________

### Language Proficiency (Any language other than English)

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<th>Language:</th>
<th>Speak:</th>
<th>Read:</th>
<th>Write:</th>
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<tr>
<td></td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
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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.

<table>
<thead>
<tr>
<th>EMPLOYER NAME/ADDRESS</th>
<th>List all Positions Held</th>
<th>Annual Salary</th>
<th>Dates Mo/Yr – Mo/Yr</th>
<th>Hours Per Week</th>
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<tr>
<td>Supervisor</td>
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<tr>
<td>Phone Number</td>
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May we contact your employer? __________

Primary job duties:

- ______________________________________
- ______________________________________
- ______________________________________

Reason for leaving:

Total Time Worked: ____________ Years ____________ Months
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**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: ______________________________

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