



# VOLUNTEERS IN POLICING

## PAYSON POLICE DEPARTMENT VOLUNTEERS IN POLICING APPLICATION

(Must be at least 18 years of age)

Please print application after completion and sign on back.

### AREAS OF INTEREST:

In what areas are you interested? Check as many as apply:

Traffic Control

Special Events

Funeral Escorts

Parades

Crime Scene

PATH Welfare / Guardian Angel

Volunteer Patrol

Vehicle Maintenance

Other (Please Describe)

### AVAILABILITY:

Day(s) available to volunteer: Mon Tues Wed Thur Fri Sat Sun Time available: am pm

Are you available for emergency call out? Yes No

If you are not available year-round, what months are you available?  
Please note an average of 40 hours quarterly is requested of our volunteers.

Why are you interested in volunteering?

How did you hear about our volunteer program?

**PERSONAL INFORMATION:**

Name

List all other names used (maiden, nicknames, etc.)

Address

Street

Town

State

Zip Code

Telephone Number

Email Address

Driver's License #

State

Expires

Have you ever been employed the Town of Payson?

Yes

No

If yes, when and what was your title?

Are you currently employed by the Town of Payson?

Yes

No

If yes, what is your current title?

Are you related to any Town employee or Town Council Member?

Yes

No

If yes, Name

Relationship

Have you ever interviewed or worked for the Town of Payson, either as a paid or volunteer position?

Yes

No

If yes, please explain

**EDUCATION:**

Check highest grade level completed:

High School

9

10

11

12

GED

College

1

2

3

4

More

List any education, licenses, certifications, skills, etc., that may be pertinent to the volunteer opportunity you are seeking:  
(Example: Keyboarding, bilingual, telephone, etc.)

**VOLUNTEER / EMPLOYMENT HISTORY (May attach resume and additional pages if needed):**

Employer

Dates from:

To:

Phone Number

Address

Duties

**VOLUNTEER / EMPLOYMENT HISTORY (Continued):**

Employer  
Dates from: To:  
Phone Number Address  
Duties

Employer  
Dates from: To:  
Phone Number Address  
Duties

Have you ever worked for or applied with any other law enforcement agency? If so, please list the agencies and the position you worked in/applied for:

**List 3 references that can verify information you have provided (other than family)**

Name	Address	
Phone Number	Email Address	Relationship
Name	Address	
Phone Number	Email Address	Relationship
Name	Address	
Phone Number	Email Address	Relationship

**Emergency Contact Information**

Name Phone Relationship

\_\_\_\_\_Initials

**BACKGROUND:**

The following information is necessary for the department to perform a background check:

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_  
 Do you own a vehicle?     Yes     No     Plate Number \_\_\_\_\_ State \_\_\_\_\_  
 Insurance Carrier \_\_\_\_\_

Have you been convicted of a crime other than a minor traffic violation?     Yes     No

Have you been convicted of a felony, convicted of a misdemeanor in another state that would be considered a felony in Arizona, or do you have a felony charge currently pending?     Yes     No

If you answered yes to either of the two questions above, please give details including charges, dates, locations, and arresting agency. (Convictions will not necessarily disqualify an applicant from volunteering).

Initial	I certify that all statements made on all application materials are true and accurate. I understand that false information (misrepresentation or omission of information) will disqualify me for assignment or cause my subsequent dismissal. I authorize investigation of all statements contained herein. I also authorize the employers and/or references listed to release any and all information concerning my previous employment and/or volunteer assignments and any pertinent information they may have and release all parties from any liability for any damages that may result from furnishing such information.
Initial	I consent to having a background history check, which may include fingerprinting. I have attached the authorization to conduct an investigative background check and consent for release of personal information to this application.
Initial	I understand that if I am accepted as a volunteer, I am subject to release at any time.
Initial	I understand the Town only provides Worker's Compensation insurance for volunteers in Public Safety and will follow the Administrative Procedure regarding any accident, illness or incident.
Initial	I understand and agree that, if I am accepted by the Town of Payson as a volunteer, I have no expectation of privacy in desks, files, lockers, computers, vehicles or other property owned by the Town.
Initial	I understand that the Smoke Free Arizona Act passed by voters in November, 2006, through Proposition 201, prohibits smoking in most indoor places including restaurants and bars. The definition of enclosed areas includes a "reasonable distance" from any entrances, windows, and ventilation systems. In keeping with the provisions of the Act, smoking is prohibited in any location except those locations specifically identified through posted signage.
Initial	I will keep the Department advised of changes in my address and/or phone numbers or status.

**APPLICATIONS WITHOUT REQUIRED INITIALS AND SIGNATURES WILL BE REJECTED.**

I understand the Payson Police Department may require fingerprints to be taken, a personal interview to be conducted, a background investigation, a polygraph examination, and a criminal history records check to be completed. I agree to comply with all laws, pertinent Payson Police Department administrative orders, and Volunteers In Policing policies and procedures.

I understand that my application does not ensure acceptance into the Payson Police Department volunteer program. I also understand that the Payson Police Department reserves the right to disqualify any applicant at any time who would not be, by the decision of the Chief of Police, a good match for this volunteer position.

Applicant Signature

Date

Applicant Printed Name



## PAYSON POLICE DEPARTMENT

### AUTHORIZATION TO CONDUCT AN INVESTIGATIVE BACKGROUND CHECK AND CONSENT FOR RELEASE OF PERSONAL INFORMATION

As part of the process for evaluating a candidate for employment or to be a Town volunteer, investigative inquiries, which may include fingerprinting, will be made by the Town in which information is obtained through contact with criminal records sources, Department of Public Safety, the Federal Bureau of Investigations, educational and vocational institutions (both public and private), certification boards and licensing agencies, personal and professional references and business associates and other parties with whom the prospective employee or volunteer is acquainted.

I hereby acknowledge that I have read and understand the paragraph above and I hereby authorize and request any present or former employer, education or vocational institution (both public and private), law enforcement agencies or other individuals having knowledge about me to furnish the Town of Payson, Arizona with any and all such information in their possession and I hereby waive any and all privacy rights that are associated with such information being disseminated to the Town of Payson.

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_

If name has changed, print, former name(s) and any aliases below:



# Payson Police Department

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## VOLUNTEER IN POLICING BACKGROUND QUESTIONNAIRE

Please take a few minutes to answer the questions listed below. Answering 'Yes' does not automatically disqualify you so please answer truthfully and be as detailed as possible in your explanations. Please attach additional pages if you need additional space.

- |  |    |     |
|--|----|-----|
| 1. Have you ever been convicted of a crime?<br>Please explain:   | No | Yes |
| 2. Have you ever committed a serious, undetected crime?<br>Please explain:                             | No | Yes |
| 3. Have you ever purposely abused another person?<br>Please explain:                                   | No | Yes |
| 4. Did you ever steal anything from friends, relatives, strangers or stores?<br>Please explain:        | No | Yes |
| 5. Did you ever steal money from an employer?<br>Please <b>list amount</b> and explain:                | No | Yes |
| 6. Have you ever been accused of theft at a place of employment?<br>Please explain:                    | No | Yes |
| 7. Have you ever sold illegal drugs?<br>Please explain:  | No | Yes |
| 8. Have you ever abused prescription medication?<br>Please explain:                                    | No | Yes |
| 9. Have you used any illegal drugs in the past 10 years?<br>Please list what drugs and when last used: | No | Yes |

10. Do you regularly associate with persons who use illegal drugs?  
Please explain:

No Yes

Applicant Signature

Applicant Name Printed

Date