Town of Marana - Police Department

VOLUNTEER APPLICATION

Integrity
Duty
Ethical
Attitude
Leadership
Service

Marana Police Department

Location & Mailing Info:

Town of Marana Police Department
Attn: Volunteer Program Coordinator
11555 W. Civic Center Drive Building B
Marana, Arizona 85653
Phone: (520) 382-2000

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. **Date of Birth and Social Security Number are required for Criminal History Check.**

GENERAL INFORMATION (Please type or print legibly with ink)

Name: _____ _____ _____
(Last) (First) (Middle Initial)

Address: _____ _____ _____
(Street) (City/State) (Zip)

Age: _____ Date of Birth: _____ Place of Birth: _____

Social Security Number: _____

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?

____ Marana Website ____ Town Employee ____ Walk in ____ Job Fair

____ Newspaper: _____ ____ Other: _____

EDUCATION

Did you obtain: _____ **High School Diploma** ____ **GED**

Colleges/University	City/State	Major Course Work	Semester Hours	Degree (s) Completed

College _____ Yes _____ No

College- last year completed: Freshman _____ Sophomore _____ Junior _____ Senior _____

Are you presently a student? _____ Yes ____ No

If yes, what degree are you working toward: _____

LICENSES-CERTIFICATIONS-SPECIAL SKILLS

Do you have a valid Driver's license?	License Number & State:	CDL	Classification:
____ **Yes** ____ **No**		___ **Yes** ___ **No**	
List any CDL endorsements:			
Professional Certifications, Licenses or Memberships:			

Language Proficiency (Any Language other than English)

Language:	Speak:	Read:	Write:
	___ **Yes** ___ **No**	___ **Yes** ___ **No**	___ **Yes** ___ **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 to operate that relates to this position:

_____

_____

VOLUNTEER AND WORK EXPERIENCE

Which of the following apply to you?

____ Unemployed ____ Employed ____ Retired ____ Student full time/part time

____ Part Time/Hours per week _____ ____ House Hold Manager

Begin with your present or most recent position. List all jobs held, 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	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 _____

EMPLOYER NAME/ADDRESS	List all Positions Held	Dates Mo/Yr – Mo/Yr	Hours Per Week
Supervisor			
Phone Number			

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

EMPLOYER NAME/ADDRESS	List all Positions Held	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 _____

VOLUNTEER AGENCY/ADDRESS	List all Positions Held	Special Skills	Dates Mo/Yr – Mo/Yr	Hours Per Week
Supervisor				
Phone Number				

May we contact your agency? _____
Primary job duties: _____
_____
_____
_____

Reason for leaving: _____
Total Time Worked: _____ Years _____ Months _____

VOLUNTEER AGENCY/ADDRESS	List all Positions Held	Special Skills	Dates Mo/Yr – Mo/Yr	Hours Per Week
Supervisor				
Phone Number				

May we contact your agency? _____
Primary job duties: _____
_____
_____
_____
_____

Reason for leaving: _____
Total Time Worked: _____ Years _____ Months _____

REFERENCES

List three (3) references (not relatives, former employers, or neighbors) who are responsible adults, and who have known you well for at least the last five years.

Name		Street Address				
How Long known?	Occupation	City	State	Zip	Home Phone	Business Phone
Name		Street Address				
How Long known?	Occupation	City	State	Zip	Home Phone	Business Phone
Name		Street Address				
How Long known?	Occupation	City	State	Zip	Home Phone	Business Phone

ARREST HISTORY

The following questions pertain to your experiences in this country and all other countries as both a juvenile and an adult. Do not include minor traffic violations. Explain all "yes" answers in detail on the back page.

A. Have you ever had any contact with any Law Enforcement Official? ____ Yes ____ No

B. Have you ever been warned about anything by a Law Enforcement Official? ____ Yes ____ No

C. Have you ever been detained by a Law Enforcement Official? ____ Yes ____ No

D. Have you ever been accused of a crime? ____ Yes ____ No

E. Have you ever been charged with a crime? ____ Yes ____ No

F. Have you ever been arrested? ____ Yes ____ No

G. Have you ever been convicted of a crime? ____ Yes ____ No

H. Have you ever been booked into jail? ____ Yes ____ No

I. Have you ever received a criminal citation? ____ Yes ____ No

J. Have any relatives of you or your spouse ever been convicted or held in any detention facility, jail, or prison? ____ Yes ____ No

K. Have the police ever been called to your home for any reason? ____ Yes ____ No

If you have answered "yes" to any of the above questions, list the incident below and make certain you have explained it on the back page. **All incidents must be explained in detail.**

Section #(A-K)	Date	Reason/Charge	Law Enforcement Agency-City/State	Disposition/Sentence

DRIVING HISTORY

A. Have you ever had a Driver's License cancelled, refused, revoked or suspended? ___ Yes ___ No
If Yes, explain in detail on the back page the reason for this action. List Dates

B. Have you ever had your driving privileges suspended? ___ Yes ___ No
If yes, explain in detail on back page.

C. Have you ever attended a driver improvement school? ___ Yes ___ No

When? _____ Where? _____

D. Have you ever been charged with driving under the influence of alcohol or drugs? ___ Yes ___ No

E. Have you ever been involved with aggravated, aggressive or reckless driving? ___ Yes ___ No
Hit & Run with injuries? ___ Yes ___ No If Yes, explain on back page.

List each and every traffic citation and summons you have received within the last five years, list in chronological order beginning with the most recent. If you need more space, use the back page.

Month/Year	Charge	City or State	Disposition/Result

READ THIS APPLICATION AND VERIFY YOUR ANSWERS BEFORE SIGNING BELOW

I certify that this application contains no misrepresentations or falsifications, omissions, or concealment of material fact, and that all information given by me is true and complete to the best of my knowledge and belief. I am aware that statements made by me on this application are subject to later investigation. I understand that any false or misleading information given in my application or interview may result in forfeiture of eligibility to participate in the Volunteer in Police Service program.

I authorize the Town of Marana Police Department to thoroughly investigate all aspects of my personal background, qualifications, employers and references. I authorize any individual, company, organization, or institution to release all information concerning statements made by me on this application. I do hereby release all parties and individuals connected there with from all liabilities for any damages incurred in furnishing such information.

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Signature of Applicant _____ **Date:** _____