Volunteer Application/Background Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| V.I.P.S. APPLICANT | LAST      | FIRST      | MIDDLE      | **SOCIAL SECURITY NUMBER**      |
| HOME ADDRESS      | CITY      | STATEArizona | ZIP CODE      | HOME PHONE      |
| WORK/SCHOOL ADDRESS      | CITY      | STATE      | ZIP CODE      | WORK PHONE |
| RACE      | SEX       | HT       | WT       | HAIR       | EYES       | DOB       | AGE       | Miscellaneous       |
| DRIVER’S LICENSE NUMBER | STATE | CLASS | RESTRICTION | STATUS | Miscellaneous       |

What areas would you be interested in volunteering in? Please check all that apply.

**POLICE DEPARTMENT:**

Areas of Interest:

When are you available to volunteer?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| Mornings |       |       |       |       |       |       |       |
| Afternoon |       |       |       |       |       |       |       |
| Evenings |       |       |       |       |       |       |       |

Months you are available? [ ]  JAN [ ]  FEB [ ]  MAR [ ]  APR [ ]  MAY [ ]  JUN [ ]  JUL [ ]  AUG [ ]  SEP [ ]  OCT [ ]  NOV [ ]  DEC

What Special Interest, Hobbies, Skill(s)/Training would you like to share?

|  |
| --- |
|       |

Prior Volunteer Experience:

|  |
| --- |
|       |

How did you become interested in our Volunteer Program?

[ ]  Brochure [ ]  General Awareness [ ]  Volunteer Referral [ ]  Community Event

[ ]  Newspaper [ ]  Volunteer Bureau/Organizations [ ]  Friend Referral [ ]  Other

**Employment Experience**

[ ]  Employed Full Time [ ]  Employed Part Time [ ]  Unemployed [ ]  Retired [ ]  Student

|  |  |  |  |
| --- | --- | --- | --- |
| Current or Previous Employer | Title | Phone | Supervisor |
|       |       |       |       |
| Employer Address | City | State | Zip Code |
|       |       |       |       |
| Duties | Title | Phone | Supervisor |
|       |       |       |       |

Have you any convictions (sealed or otherwise) or are you currently awaiting disposition on any criminal matter for which have been arrested? If so explain:

|  |
| --- |
|       |
|        |

**Education**: High School Diploma or GED? [ ]  Yes [ ]  No

|  |  |  |  |
| --- | --- | --- | --- |
| College, University, Graduate School | Major | Degree  | Date Earned |
|       |       |       |       |
|       |       |       |       |

**Emergency Contact Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |       | Phone |       |
| Address |       | Work Phone |       |

Do you have transportation to and from your volunteer job? [ ]  Yes [ ]  No

*The Salt River Pima Maricopa India Community is most grateful to those people who are willing to volunteer their time to assist the community through various volunteer programs. As a sign of the changing times, laws have been enacted to protect both the people we are serving and those honorable people who contribute their time as volunteers. This law requests that volunteers working in sensitive areas undergo procedures that may appear on the surface to be offensive to people giving their time and service.*

Conditions:

I fully understand, acknowledge and agree to the following:

All of the following will be required before placement in any police volunteer position:

A. Background Investigation

B. Fingerprinting

C. Polygraph Examination

All Statements made in the application are true and authorization is given to investigate all matters contained in the application. Any false statements or misrepresentation on this application will be cause for refusal of placement or dismissal at any time during my placement.

Signature of Applicant: Date:      /     /

Please Return To: Salt River Police Department

Volunteers in Police Service Program

 Attn: Det. Vicente Cendejas and Det. Darius Gruna

10137 East Osborn Road Scottsdale, Arizona 85256

Fax: (480)-362-5977

|  |
| --- |
| **For Office Use Only** |
| Date Received |       | Initial Interview Date & Time |       |
| Database Entry |       | Interview Location |       |
| Received By |       |  |

Confidentiality Agreement

![blue background](data:None;base64...)![blue background](data:None;base64...)

Phone: 720-913-6193
Fax: 720-913-7034
Email: murraym2@ci.denver.co.us

Sgt. Matt Murray / Coordinator

Di Holmes / Administrator
1331 Cherokee Street
Denver, Colorado 80204
Your Address Line 4

Phone: 720-913-6193
Fax: 720-913-7034
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Sgt. Matt Murray / Coordinator

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Your Address Line 4

|  |  |  |
| --- | --- | --- |
| I, |       | agree to serve as a volunteer for the  |
| Salt River Police Department.I understand that I will be subject to all the Community of Salt River Police Department policies and procedures. I will be expected to assume the responsibilities as listed in my job description and will carry out the same to the best of my ability. |

**I UNDERSTAND THAT I WILL BE REQUIRED TO:**

1. Be punctual and reliable
2. Notify my coordinator (and my partner if working on patrol) if I am delayed or unable to keep my schedule.
3. Keep all client data confidential, (Confidential information - Names, addresses, etc. is not to be discussed outside the police department.)
4. Ask a staff member or appropriate coordinator for assistance on any question or matter of which I am not sure of the right answer.
5. Abide by the police department’s mission, vision and values.

**THE COMMUNITY OF SALT RIVER VOLUNTEER SERVICES UNIT AGREES TO:**

1. Provide volunteers with an orientation course and adequate job training.
2. Provide adequate space and working conditions while performing assigned duties.
3. Be available for assistance and consultation when it is needed and requested by the volunteer.
4. Review volunteer performance on a regular basis, keep account of volunteer hours and provide a letter of recommendation when requested.

I understand that I am a volunteer, as such, I will receive **NO FINANCIAL COMPENSATION FOR MY SERVICE**, nor will I receive any special considerations with regard to regular paid employment with the Salt River Police Department. I understand that my participation in the SRPD’s Volunteer in Police Service Program may be terminated at any time if policies and procedures are not followed.

 Signature Date

 VIPS Division Staff Member Signature Date

Permission to Perform Background Check

I hereby allow the Community of Salt River Police Department to perform a check on my background including:

[ ]  Criminal Record

[ ]  Driving Record

[ ]  Past Employment History

[ ]  Personal References

[ ]  Past volunteer experience

I understand that if I do not agree to this background check, that refusal will exclude me from consideration as a Salt River Police Department volunteer.

This information is of a confidential nature, and as such will not be shared with other personnel except for those involved in this specific volunteer position. All information collected will be kept confidential.

|  |  |
| --- | --- |
| Printed Name: |        |
| Signature: | **X**  |
| Social Security Number: |        |
| Date: |        |
| Witness Name: |        |

Permission to Perform Background Check Continued…

**PERSONAL REFERENCES:**

Please list three personal references that have known you well for the last two years that may be contacted in reference to your character.

(Please do not list relatives)

|  |  |  |
| --- | --- | --- |
| **1** | Name |       |
| Address |       |
| Telephone Number |       |
| E-MAIL |       |

|  |  |  |
| --- | --- | --- |
| **2** | Name |       |
| Address |       |
| Telephone Number |       |
| E-MAIL |       |

|  |  |  |
| --- | --- | --- |
| **3** | Name |       |
| Address |       |
| Telephone Number |       |
| E-MAIL |       |

Miscellaneous

|  |
| --- |
| 1. |
| 2. |
| 3.  |
| Notes: |

Confidentiality Statement

I hereby agree to regard all information received in the performance of my volunteer work for the Salt River Police Department as confidential.

I understand that the Salt River Police Department respects its client’s, staff, and volunteer’s rights with regard to privacy of information and I agree to respect these rights in the performance of my volunteer duties and to keep “professional” confidentiality in all my statements outside the agency.

|  |  |
| --- | --- |
| Printed Name: |        |
| Signature: | **X**  |
| Date: |        |
| Witness Name: |        |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Subscribed and sworn before me this  |       | day of  |       | 2013. |

 (Seal) Notary Public

 My Commission Expires

Authorization for Release of Information

|  |  |  |
| --- | --- | --- |
| I,  |       | , do hereby authorize any |
| And all persons, employers, partnerships, corporations, and all civilian and County, State and Federal entities to release, furnish and exchange, any and all available information relating to me for the purpose of determining my suitability to be a Salt River Police Department volunteer. This includes, but is not limited to, all information related to my employment, performance, disciplinary history, character, integrity, reputation, conduct, behavior and fitness for duty. This authorizes release of any and all information to the Salt River Police Department. This release is in addition to, and not intended to curtail or diminish, the authorization and immunity provided by statute. |

**I DO HEREBY RELEASE FROM ANY AND ALL LIABILITY, ALL PERSONS OR ENTITIES DISCLOSING INFORMATION PURSUANT TO THIS RELEASE.**

A photocopy of this Authorization for Release of Information shall be considered an equivalent of the original.

|  |  |
| --- | --- |
| Printed Name: |        |
| Signature: | **X**  |
| Date: |        |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Subscribed and sworn before me this  |       | day of  |       | 2013. |

 Notary Public

 My Commission Expires

Disclosure Statement

I understand that my volunteer position at the Salt River Police Department is contingent upon the organization’s review and approval of a truthfully completed and signed Disclosure Statement and a receipt of a report declaring no evidence of criminal history from the Criminal Justice Department. If my duties include driving for the organization, I authorize the Salt River Police Department to check my driving history and to ask for a copy of my automobile insurance policy. I further understand that if I am permitted to volunteer, I may be discharged for any misrepresentation or omission on the application or disclosure statement or the request for criminal history.

|  |  |
| --- | --- |
| Printed Name |       |
| Date of Birth |       |
| Social Security Number |       |
| Driver’s License Number |       |
| State Issued by |      |
| Address |       |
| Home Telephone Number |       |
| Cellular Telephone Number |       |

**Have you ever been:**

1. Convicted of any crimes against persons (Murder; Kidnapping; Assault; Assault of a child; Reckless endangerment; Rape; Rape of a child; Robbery; Burglary; Child Abuse or Neglect; Prostitution; Extortion; etc.)

Check One: [ ]  Yes [ ]  No

1. Convicted of any crime against property (Theft of money; auto theft; Fraud; Perjury; Possession of stolen property; Arson, etc.)

Check One: [ ]  Yes [ ]  No

Answering yes to any of the above inquiries will not necessarily disqualify you from volunteering with the Salt River Police Department, but will require Salt River Police Department to make further inquiries before continuing your background investigation. The Salt River Police Department will use any information obtained from you or the Department of Public Safety only for the purpose of making its decision whether to permit you to act as a Salt River Police Department volunteer, and for no other purpose.

**I declare under penalty of perjury under the laws of this Community that the foregoing is true and correct.** I authorize investigation of all statements herein and release the Salt River Police Department from liability in connection with the same.

|  |  |
| --- | --- |
| Printed Name: |        |
| Signature: | **X**  |
| Date: |        |