



**MARICOPA POLICE DEPARTMENT
APPLICATION FOR VOLUNTEERS IN POLICE SERVICE**

FOR OFFICE USE ONLY		DATE/TIME OF INTERVIEW:	
APPLICANT INFORMATION			
Full Name:		Home Phone:	Cell Phone:
Date of birth:	SSN:	Email:	
Local address:		City/State/Zip	
Subdivision:			
Do you live in Maricopa <input type="checkbox"/> FT <input type="checkbox"/> PT If Part-time, when are you here?			
Other address:			
City:	State:	ZIP Code:	Country:
Marital Status:		If Married, indicate spouse's name:	
Are you currently <input type="checkbox"/> Retired <input type="checkbox"/> Working FT <input type="checkbox"/> Working PT <input type="checkbox"/> Unemployed			
Driver's License #:	State Issued:	Expiration Date:	
EMERGENCY CONTACT			
Name:			
Address:		City:	State: ZIP Code:
Home Phone:	Cell:	Relationship:	
MILITARY STATUS			
Have you ever served in the Military? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, type of discharge:			
EDUCATION & TRAINING			
What is your highest level of education?		Are you proficient on a Computer? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Have you ever attended a Police or Criminal Justice Academy? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, Where/When:			
POSITION INFORMATION			
How did you hear about this program?			
Were you referred by a Police Volunteer? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, Name of Volunteer:			
Do you object to being fingerprinted? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, Why?			
Do you object to a background check? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, Why?			
Are you able to stand for 2 hours at a time? <input type="checkbox"/> No <input type="checkbox"/> Yes		Are you able to lift 30 pounds? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Are you able to volunteer a <u>minimum</u> of 8 hours per month? <input type="checkbox"/> No <input type="checkbox"/> Yes		What days/hours are you available?	
Can you translate speech in a foreign language? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, what language(s)?			
Why do you want to be a Police Volunteer?			

REFERENCES (LIST 2 PEOPLE NOT RELATED TO YOU THAT WE MAY CONTACT AS CHARACTER REFERENCES)

Name:	Phone:	Relationship:
Name:	Phone:	Relationship:

**PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS HONESTLY
An answer of YES is NOT necessarily grounds for disqualification.**

(If more space is needed, use the additional space at the end)

Have you ever been detained by the police? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, Where & Why?
Have you ever been arrested by the police? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, When/Where & Why?
Have you ever been issued a citation? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, Where & Why?
Has your driver's license ever been suspended or cancelled? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, What for?
Have you ever taken any illegal drug or substance? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, What?
If you answered YES to the above question, <u>WHEN</u> was the last time you took any illegal drug or substance?

NON-US RESIDENTS ONLY

Prior to submitting your application, you are required to request *for later submittal to us, the following documents:*

1. A Criminal History Background Report from your local Police Department.

Date of Request: Name of Police Department:

2. A record of your driving history for the past three (3) years from your equivalent of the Department of Motor Vehicles.

Date of Request: Name of Department:

ADDITIONAL COMMENTS

I certify that the information contained herein is true and correct to the best of my ability. I am fully aware that any falsification or misinformation shall result in my disqualification from the Volunteers in Police Services (VIPS) Program.

Name of applicant (Print):	
Signature of applicant:	Date:

Submit completed application to:
VIPS c/o Maricopa Police Department
39675 W Civic Center Plaza South
Maricopa, AZ 85138
Or email to: vips@maricopa-az.gov

*PLEASE **SAVE** PDF FIRST, THEN CLOSE AND REOPEN IN ADOBE READER BEFORE SUBMITTING VIA EMAIL*

