



**VOLUNTEER APPLICATION
WICKENBURG POLICE
DEPARTMENT
1980 W.WICKENBURG WAY
WICKENBURG, AZ. 85390**

FOR PERSONNEL USE ONLY
Accepted _____ Rejected _____
Reviewed By: _____
Date: _____

The Wickenburg Police Department is an Equal Opportunity - Affirmative Action Employer. We encourage all persons to file applications with us and we do not discriminate on the basis of race, color, religion, age, sex, national origin, veteran status, mental or physical disability.

Print your full name _____
(Last) (First) (Middle) (Maiden)

Address _____
(Number) (Street) (Apt. No.)

(City) (State) (Zip Code)

Telephone _____
(Home) (Work)

Email: _____

Social Security No.: _____ **Date of Birth** _____

NOTE: All approval of Applicants are contingent upon the successful completion of a background process.

Have you ever been convicted of a misdemeanor or felony by a court of law or a military tribunal since your 18th birthday? Yes _____ No _____

If yes, give details below. Volunteer candidacy will depend upon the nature of the offense, the job in question, and the conduct of the applicant since the offense was committed.

Date	City & State	Offense	Penalty or Disposition

EDUCATION:

Circle Highest Grade Completed Name and Location of School Did you graduate from high school? Do you have a GED certificate?
9 10 11 12 13 14 15 16 + Yes ___ No ___ Yes ___ No ___

College or University	Major	Units	When Completed	Degree(s) Received or Expected

Have you ever worked or attended school under a different name? Yes ___ No ___ If yes, give name(s) and dates used. _____

Professional Licenses or Certificates: _____

Do you speak, read or write any language other than English? If so, please list: _____

Other Job Related Training: _____

Employer or Former Employer: _____
(Name) (Department) (Supervisor)

Employer's Address: _____
(Street) (City) (State) (Zip Code)

Employer's Phone No.: _____ May we contact your present employer? _____

LIST THREE (3) PERSONAL REFERENCES WHO HAVE KNOWN YOU AT LEAST ONE YEAR:

Name: _____ Address: _____

Telephone Number: _____ Number of Years of Acquaintance: _____

Name: _____ Address: _____

Telephone Number: _____ Number of Years of Acquaintance: _____

Name: _____ Address: _____

Telephone Number: _____ Number of Years of Acquaintance: _____

AVAILABILITY:

What days of the week are you available to volunteer? _____

What time on these days could you be available for volunteer services? _____

In what work areas do you wish to have your services utilized? _____

Briefly explain why you have offered to do volunteer work: _____

Please describe any relevant volunteer service or paid employment you may have had: _____

Special skills or interests you might wish to share: _____

OTHER VOLUNTEER SERVICES:

Where?	When?	How long?	Nature of service?

I hereby certify that all statements made in this application are true and complete to the best of my knowledge and belief. I understand that false or misleading statements or missing information is cause for rejection of application, removal of name from eligible list, or dismissal from the program.

Signature of Applicant

Date