



CITIZENS OFFERING POLICE SUPPORT

VOLUNTEER BACKGROUND APPLICATION

Dear Volunteer/Intern Applicant,

Thank you for considering the **Citizens Offering Police Support** Program or COPS to support the mission of the Phoenix Police Department. COPS has more than 150 volunteers/interns who share their time and talent in a variety of different support positions amongst the police department bureaus. Their valuable service provides resources to the department, equivalent to thousands of dollars each year, and allows them to gain invaluable experience as part of the police family.

Since our program began in 1983, the Phoenix Police Department has been fortunate to offer significant access to the inner workings of the largest police agency in the state of Arizona. Due to our thorough application process, COPS volunteers/interns are able to support the department in significant ways. In turn, both volunteers and interns gain valuable knowledge, job experience and career guidance.

To begin the application process, please review the following requirements and complete the 'Volunteer Background Application' document included with this letter. Due to the level of access provided to volunteers and interns once approved, the Phoenix Police Department Employment Services Bureau (ESB) places a high priority on attention to detail, accuracy and completed information. To avoid delays during the application review process, please review/complete the following:

- Select either 'Civilian Volunteer' or 'Authorized Internship/Semester Requested' on the 'Authorization for Release of Information & Certification' form;
- Complete the 'Volunteer Background Application' legibly in **BLACK** ink only;
- Please ensure the 'Authorization for Release of Information & Certification' has been officially notarized; this can be done at your personal bank, shipping stores or offices that offer legal services;
- Review and answer EACH question accurately and completely – leave no question BLANK.
 - You may enter 'DNA' for 'Does Not Apply' when appropriate.
 - You may enter 'UNKNOWN' if you are unsure of an event, cannot recall specific dates/times or other pertinent information. This is not to be confused with 'DNA'.
- If you need additional space to answer any question, please see page 12 with the 'Continuation Sheet' section. You may make multiple copies of this page order to completely answer each question.
- Provide complete contact information such as address, city, zip code and telephone numbers.
 - Phone numbers should be voice mail accessible so that messages can be left during the application process
- Two (2) passport photos; available through Post Office or most drug stores/membership warehouses.
- If applying for an authorized internship, the following is an additional requirement:
 - A letter of introduction with approval to proceed from the College or University attended by the Student. The letter must include the student's major course of study, current class/semester attending and anticipated graduation date.

Finally, please make a copy of the complete application for your records. Once complete, you may submit your application one of two ways. No applications will be accepted via email, fax or to any other department employee.



CITIZENS OFFERING POLICE SUPPORT

VOLUNTEER BACKGROUND APPLICATION

Mail or hand deliver to:

**Phoenix Police Headquarters
Employment Services Bureau
620 West Washington Street, #107
Phoenix, AZ 85003-2108**

Once your application is received and is verified as complete, ESB will assign a background investigator. Your assigned background investigator may request that you bring additional documents to your in-person interview. Interviews are conducted at:

**Phoenix Police Headquarters
Employment Services Bureau
620 West Washington Street, #107
Phoenix, AZ 85003-2108**

Please plan for your in-person interview to last for at least two hours and park accordingly. You may park in any city designated free parking spot (parallel) near the police station, in the area west of 7th Avenue. There is also a city parking garage between Washington Street and Jefferson Street with access on 4th Avenue. We are able to validate your parking ticket for a discount only, thank you.

We thank you again for your interest in the COPS Volunteer/Intern Program. We look forward to receiving your completed application.

Best regards,

COPS Program Coordinator



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IMPORTANT DOCUMENTS FOR YOUR INTERVIEW

- *BIRTH CERTIFICATE (Certified and issued by the Health Department)*
- *DIPLOMAS, GED, DEGREES, EDUCATIONAL CERTIFICATES*
- *DRIVER'S LICENSE*
- *VEHICLE REGISTRATION*
- *SOCIAL SECURITY CARD*
- *PROOF OF AUTO INSURANCE*
- *MARRIAGE LICENSE*
- *DIVORCE DECREE*
- *BANKRUPTCY DISCHARGE*
- *DD-214, MEMBER 4 COPY, MILITARY DISCHARGE*
- *THE TWO MOST RECENT WRITTEN JOB PERFORMANCE RATINGS*
(From your current employer and any from past employers you may have)

PLEASE REMEMBER TO BRING THE ORIGINAL DOCUMENTS WITH YOU AT YOUR FIRST SCHEDULED INTERVIEW. THEY WILL BE EXAMINED AND RETURNED TO YOU.



City of Phoenix

Police Employment Services Bureau

Confidential Information Agreement Form

A thorough investigation will be conducted to determine your qualifications for employment with the Phoenix Police Department. To a great extent, your employment will depend on information obtained in confidential interviews with persons with whom you have been associated and other confidential sources of information. Therefore, such information shall remain confidential, and the Phoenix Police Department cannot reveal the reason of rejection for those applicants who are not accepted.

If the reasons for your non-acceptance are of a temporary nature whereby you could be accepted at a later date, you will be so notified.

I, _____, hereby waive any and all claims of confidentiality against anyone who may have knowledge of my fitness for employment with the Phoenix Police Department.

For and in consideration of the Phoenix Police Department's acceptance and processing of my application for employment I, _____, agree to hold the City of Phoenix, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the Phoenix Police Department. I understand that should information of a serious criminal nature surface as a result of this investigation; such information may be turned over to the proper authorities.

Signature of Applicant

Date

STATE OF _____, COUNTY OF _____

Subscribed and sworn before me,
This _____ day of _____, 2_____.

Notary Public

- Civilian Volunteer
- Authorized Internship
- Fall – Application Due 4/1
- Spring – Application Due 9/1
- Summer – Application Due 1/1



VOLUNTEER BACKGROUND APPLICATION

AUTHORIZATION FOR RELEASE OF INFORMATION & CERTIFICATION

I hereby certify under penalty of A.R.S. § 13-2704, that the entries on this statement are true, complete, and correct to the best of my knowledge and belief. These entries are made in good faith. I understand a knowing and willful false statement on this form constitutes a violation of the law.

SIGNATURE OF APPLICANT: _____ DATE: _____

I, _____, **DO HEREBY AUTHORIZE** any and all persons, employers, partnerships, corporations and all civilian and government entities, military agencies, law enforcement agencies, private, and city, 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 employed with the City of Phoenix Police Department. 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 to the PHOENIX 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 from any and all liability.

I authorize the Phoenix Police Department to make inquiry of my present and past employers regarding my character, integrity, and reputation. Exception, if any:

Signature of Applicant: _____ Date: _____

Sworn and Subscribed To Before Me This _____ Day of _____, By:

State of: _____

County of: _____

Signature of Notary Public: _____



VOLUNTEER BACKGROUND APPLICATION

STATEMENT OF PERSONAL HISTORY AND APPLICATION FOR EMPLOYMENT

INSTRUCTIONS: Print or type all answers. Read every question carefully and answer every question. **DO NOT LEAVE BLANK SPACES.** If the question does not apply to you, print or type "DNA"(does not apply) in that answer block. Incomplete or unsigned statements **cannot** be processed. If additional space is required, use the attached Continuation Sheet. Also, use this sheet to expound or explain your answer. All information provided is subject to verification. Information on this form may constitute a "public record or other matter" requiring public disclosure under Arizona's Public Records Law, A.R.S. §39-121 *et seq.*

1. Name (Last, First, Middle):		Email Address:	
2. Address:		3. City:	4. State/Zip Code:
5. Date of Birth (Month/Day/Year):	6. Social Security Number:	7. Place of Birth (City, State, Country):	
Height:	Weight:	Hair Color:	Eye Color:
8. List here any other Names, Dates of Birth or Social Security Numbers you have used:			
9. Current Marital Status:		10. Spouse's Name Before Marriage:	
11. Home Telephone Number:		12. Work Telephone Number:	13. Cell/Mobile Number:
14. Are you eligible to work in the United States? YES <input type="checkbox"/> NO <input type="checkbox"/>			
15. Do you have (Check One) <input type="checkbox"/> G.E.D. Certificate <input type="checkbox"/> High School Diploma Please attach a copy of one of the above.		16. When and where did you receive it?	
17. MILITARY SERVICE: YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, attach the member 4 copy of the DD 214 and continue with this section. If NO, skip to #18.			
Branch of Service: _____		Date Entered:	Date Separated:
Honorable Discharge: YES <input type="checkbox"/> NO <input type="checkbox"/> _____ If NO, list type of discharge/separation and explain on the Continuation Sheet.		Were you ever arrested, cited or apprehended by military police? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, explain on the Continuation Sheet.	
Are you currently a member of a U.S. Reserve or National Guard Unit? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, list current assignment:		Were you ever the subject of a report or investigation by military police or other investigative service (i.e., CID, NIS, OSI)? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, explain on the Continuation Sheet.	
Did you ever receive a court martial or non-judicial punishment for a violation of the Uniform Code of Military Justice (UCMJ)? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, explain on the Continuation Sheet.			



VOLUNTEER BACKGROUND APPLICATION

18. PERSONAL REFERENCES: List at least three people who have known you for over one year, excluding relatives or former employers, who can answer questions concerning your past conduct and character as it applies to you meeting the minimum standards for appointment.

Name	Street Address, City, State, Zip Code E-Mail Address	Home Telephone No.	Work Telephone No.	Years Known
	E-Mail :			
	E-Mail			
	E-Mail :			
	E-Mail			

19. EXCLUDING FAMILY MEMBERS, LIST ALL PERSONS YOU HAVE LIVED WITH DURING THE PAST TEN YEARS.
Use the Continuation Sheet if necessary.

Name	Street Address, City, State, Zip Code	Home Telephone No.	Relationship



VOLUNTEER BACKGROUND APPLICATION

20. **FAMILY REFERENCES:** List all immediate relatives (i.e., parents, siblings, spouse, ex-spouse(s) and all children). Use the Continuation Sheet if necessary.

Name	Relationship	Age	Street Address, City, State, Zip Code	Telephone No.

21. **EMPLOYMENT HISTORY:** List all employment beginning with most recent employer. Use the Continuation Sheet if necessary.

Dates of Employment		Name and Address of Employer (Street, City, State & Zip Code)	Supervisor's Name Phone Number E-Mail Address	Job Title/Duties	Reason for Leaving
From	To				
			E-Mail:		
			E-Mail:		
			E-Mail:		
			E-Mail:		
			E-Mail:		



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Dates of Employment		Name and Address of Employer (Street, City, State, Zip Code)	Supervisor's Name Phone Number E-Mail Address	Job Title/Duties	Reason for Leaving
From	To				
			E-Mail:		
			E-Mail:		
			E-Mail:		
			E-Mail:		
			E-Mail:		
			E-Mail:		

22. COLLEGES OR UNIVERSITIES Beginning with the most recent

School	Dates Attended	Course of Study	Degree Received or Total Credit Hours



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23. RESIDENCES: List all residences during the past ten years. Use the Continuation Sheet if necessary.

From	To	Street Address	City and State	Zip Code/County

24. POLICE CONTACTS: List all incidents in which you were cited, arrested, accused or charged with a crime other than traffic violations. Include incidents that occurred as a juvenile, any that were expunged, set aside, dismissed, referred to pre-trial diversion, or pardoned. Provide a full explanation on the Continuation Sheet.

Date	Location	Police Agency	Original Charge	Disposition/Court Action

25. CIVIL ACTIONS: List all civil actions in which you were a party

Date	Location	Action or Proceeding	Disposition/Court Action



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26. **FINANCIAL:** Please use Continuation Sheet if necessary

Have you been served with a delinquency notice or served with a garnishment regarding any of your financial obligations within the last five years?
 YES NO If YES, provide a full explanation on the Continuation Sheet.

If a credit check is run on your past credit history, will any negative information be revealed? YES NO
 If YES, provide a full explanation on the Continuation Sheet.

31. CURRENT DRIVER'S LICENSE:

State: _____ Expiration Date: _____
 License Number: _____

31. PREVIOUS DRIVER'S LICENSE INFORMATION

List all states/countries where you have been licensed:

29. **HAVE YOU EVER HAD YOUR DRIVER'S LICENSE REVOKED OR SUSPENDED?** YES NO
 If YES, provide a full explanation on the Continuation Sheet.

30. **MOTOR VEHICLE OPERATION:** List all moving violations for which you were cited. Use the Continuation Sheet if necessary

Date	Location and Issuing Agency	Violation Charged	Collision Related	Court Disposition
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			YES <input type="checkbox"/> NO <input type="checkbox"/>	



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31. ILLEGAL USE OF DRUGS/CONTROLLED SUBSTANCES:				
TYPE OF DRUG	HAVE YOU EVER SOLD, SMUGGLED, OR TRANSPORTED FOR SALE OR PERSONAL GAIN:	HAVE YOU EVER USED, TRIED, OR EXPERIMENTED WITH:	IF YES, HOW MANY TIMES:	DATE LAST USED:
MARIJUANA	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>		
COCAINE/CRACK	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>		
METHAMPHETAMINE / SPEED	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>		
HEROIN	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>		
OPIUM	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>		
MORPHINE	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>		
LSD/ACID	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>		
PEYOTE	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>		
MESCALINE	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>		
HASHISH	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>		
ANABOLIC STEROIDS	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>		
ANY OTHER ILLEGAL DRUG OR NARCOTIC	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>		
ILLEGAL USE OF PRESCRIPTION DRUGS	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>		
DESIGNER OR SYNTHETIC DRUGS (I.E., SPICE, BATH SALTS, ECSTASY)	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>		
<p>32. IF YOU ANSWERED YES ON ANY OF THE AREAS IN QUESTION #31, PROVIDE A FULL EXPLANATION ON THE CONTINUATION SHEET. INCLUDE, IF APPLICABLE, THE FOLLOWING:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>a. The duration of usage</p> <p>b. The motivation for use</p> <p>c. How the drug was obtained</p> </div> <div style="width: 45%;"> <p>d. Why you stopped using the drug</p> <p>e. Any other factors you believe are relevant</p> </div> </div>				
<p>33. CRIMINAL CONDUCT:</p> <p>a. Have you ever <u>committed</u> a felony or an offense that would be a felony if committed in this state? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES provide a full explanation on the Continuation Sheet.</p> <p>b. Have you ever committed a criminal offense involving dishonesty, theft, unlawful sexual conduct, or physical violence? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES provide a full explanation on the Continuation Sheet.</p>				
<p>34. Are you now, or have you ever been, a member of any foreign or domestic organization, association, movement, group, or combination of persons that has adopted or shows a policy of advocating the commission of force or violence to deny other persons their rights under the Constitution of the United States of America or the state of Arizona, or which seeks to alter the form of government of the United States of America by unconstitutional means? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If YES, provide a full explanation on the Continuation Sheet.</p>				



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36. **Do you have prior police agency employment in Arizona or any other states?**
If YES, list your prior places of employment beginning with the most recent YES NO

Name of Agency	Dates of Employment		City	State
	From	To		

- a. Have you ever been employed with another police agency? If YES, answer the following: YES No
- b. Have you, while on duty as a police agency employee, used or been under the influence of alcohol?
 If YES, provide a full explanation on the Continuation Sheet. YES NO
- c. Have you received discipline for any improper conduct as a police agency employee? If YES, provide a full explanation on the Continuation Sheet. For purposes of this application, discipline is defined as a letter of reprimand/counseling, suspension, termination, or demotion. YES NO
- d. Have you applied with any other law enforcement agencies in the past three years? If YES, provide the following information beginning with the most recent YES NO

If YES provide the following information: Name of Agency	Date of Application	Was a Polygraph Taken?
		YES <input type="checkbox"/> NO <input type="checkbox"/>
		YES <input type="checkbox"/> NO <input type="checkbox"/>
		YES <input type="checkbox"/> NO <input type="checkbox"/>
		YES <input type="checkbox"/> NO <input type="checkbox"/>
		YES <input type="checkbox"/> NO <input type="checkbox"/>

37. **CERTIFICATION:**
 I hereby certify under penalty of law that the entries on this statement and the attached Continuation Sheet are true, complete, and correct to the best of my knowledge and belief. These entries are made in good faith. I understand that a false or misleading statement on this form constitutes a violation of the law and is cause to deny, suspend, or revoke employment or an offer of employment.

SIGNATURE OF APPLICANT: _____ **DATE:** _____



VOLUNTEER BACKGROUND APPLICATION

**STATEMENT OF PERSONAL HISTORY AND
APPLICATION FOR EMPLOYMENT**

Continuation Sheet

(Make Copies As Needed)

Please state the applicable **question number** for each entry made on this page. Use the space provided to complete answers for previously asked questions or for necessary explanation and clarification.

Question Number	Explanation, Clarification, etc.



VOLUNTEER BACKGROUND APPLICATION