



SEDONA POLICE DEPARTMENT VOLUNTEER APPLICATION



Please fill out this application as completely and correctly as you can. By doing so, you will help us match your special skills and interests with volunteer needs within the Sedona Police Department.

For security reasons, we must conduct a clearance check before you can be offered a volunteer assignment. Please give your full name, last four numbers of your Social Security number, date of birth, and sex. You will be asked for further background information at an interview with department investigations.

Thank you for your interest in supporting the community through the Sedona Police Department. We look forward to working with you.

A. **PERSONAL INFORMATION:**

Name: _____
(last) (first) (middle)

Social Security #: XXX-XX- Date of Birth: _____ Sex: F M

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

Home Phone: _____ Cell Phone: _____

E-mail: _____ U.S. Citizen: Yes No

Foreign Languages: Spoken _____ Written _____

Please give a brief description of your educational and/or employment background. Include other volunteer work, if appropriate.

B. **VOLUNTEER ASSIGNMENT:** (Interests, preferences, etc.)

Approximately how many hours per week would you be available (minimum requirement is 8 hours per month)? _____

What times and days would you prefer to work? _____

C. List all drivers licenses you now hold and indicate if you have ever had your license revoked or suspended.

State	License type	License number	Expiration	Revoked/suspended
State	License type	License number	Expiration	Revoked/suspended

List all traffic citations you have received in the last five years.

Charge	Issuing agency	Disposition of citation
Charge (Use additional page if more space is necessary.)	Issuing agency	Disposition of citation

D. Three (3) personal references. (one may be a relative)

Name	Address	City/State/Zip	Phone
Name	Address	City/State/Zip	Phone
Name	Address	City/State/Zip	Phone

PLEASE READ THESE PARAGRAPHS AND SIGN BELOW:

I understand that the Sedona Police Department will conduct a thorough background check including interview by department investigations before offering me a volunteer assignment.

I understand that, as a volunteer for the City of Sedona, I will be fingerprinted and that this will be kept on file with the police department.

I also understand that my services as a volunteer for the Sedona Police Department may be terminated at any time upon notice from either myself or the Police Department. The cause for termination need not be shown.

The information I have provided on this application is both complete and correct.

(Signature)

(Date)