GILBERT POLICE DEPARTMENT
VOLUNTEERS IN POLICE SERVICE
VOLUNTEER POSITIONS

If you have questions regarding volunteering at Gilbert PD
please contact Sherry Nielsen, Gilbert PD Police Volunteer Coordinator
email: sherry.nielsen@gilbertaz.gov desk: 480-635-7711
http://www.gilbertaz.gov/departments/police/opportunities/volunteer

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Volunteer Opportunities Available:

Gilbert Citizens on Patrol (GCOP): A GCOP volunteer patrols neighborhoods, issues parking citations for Town ordinances, and assists officers at traffic accidents. Monthly commitment: 8 hours minimum. Must be at least 21 years old.

Responsibilities and duties of a GCOP volunteer include:

- Continually assessing surroundings and ensuring personal safety
- Ability to multi-task and make decisions quickly
- Comprehending and memorizing procedures, processes, and call codes

You may enjoy being a GCOP volunteer if you are:

- Interested in supporting Gilbert PD officers
- Outgoing and like being around people

Crime Prevention Volunteer: A Crime Prevention Volunteer provides support to the police department by attending community events to provide information to residents, and giving time to educate citizens of all ages about law enforcement. Monthly commitment: 8 hours minimum. Must be at least 18 years old.

Responsibilities and duties of a Crime Prevention Volunteer include:

- Attending community, school, and church events and representing Gilbert PD
- Providing information about safety and crime prevention to citizens

You may enjoy being a Crime Prevention Volunteer if you are:

- Interested in interacting with PD personnel and Gilbert residents
- Enthusiastic about safety and helping people

Crisis Support Unit Volunteer (CSU): A CSU Volunteer provides on-scene support to victims of traumatic events or crime upon request of the police or fire department. Monthly commitment: 12 hours minimum. Must be at least 21 years old.

Responsibilities and duties of a CSU volunteer include:

- Assessing scenes/situations and providing appropriate support to victims
- Being on-call for at least two 6-hour shifts/month; based upon your availability

You may enjoy being a CSU volunteer if you are:

- Interested in interacting and supporting individuals/families in crisis
- Willing to assist victims and PD personnel with a wide variety of traumatic situations

Police Chaplain Volunteer: Please contact the Volunteer Coordinator for details.

Please read carefully

TOWN OF GILBERT
POLICE DEPARTMENT

APPLICANT BACKGROUND QUESTIONNAIRE
INSTRUCTIONS

- Read this questionnaire carefully, fill it out completely, and ATTACH THE REQUIRED DOCUMENTS, i.e. birth certificate, high school diploma or GED, and proof of vehicle insurance.

- Type or print using **black** ink.

- Do not leave any questions unanswered. All questions must be answered before the questionnaire can be processed. If a question does not apply please mark "DNA". If the space allowed for answering a question is insufficient, the answer should be completed on a separate sheet of paper and marked "continuation".

- Be sure to sign your name where indicated.

- The "**Authorization for Release of Information**" form **must** be notarized.
  - **DO NOT** sign this form in advance of your appointment with a Notary (there are Notaries at your bank or credit union).
    - The Notary **must** witness your signature and affirm same; failure to do so will result in a delay of your application and interview.

Were you referred by a Town of Gilbert Employee? _____ _____
Yes No

If so, who referred you? _____

The information you provide in this questionnaire will be verified on the polygraph examination. It is a criminal offense to falsify this document. Any misstatements or omissions of the requested information will disqualify you as a candidate for police volunteer.

By signing my name below, I certify that I have read and understand the above information and instructions.

_____ _____
Applicant's Signature Date

GILBERT
POLICE DEPARTMENT

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, in order to permit the Gilbert, Arizona Police Department to make a thorough investigation of my background, health, family, personal habits and reputation, for the purposes of determining my fitness and suitability for employment with the Department, hereby release from liability and promise to hold harmless from any liability under any and all possible causes of legal action any and all persons or entities who shall furnish any information or opinions regarding my background, health, family, credit, personal habits or reputation. The undersigned hereby authorizes any person or legal entity who may be contacted by the Gilbert, Arizona Police Department officers, agents, or employees to release and transmit to such officers, agents, or employees any information, data, or opinions they may have regarding my background, health, family personal habits and reputation. I hereby release from liability and promise to hold harmless from any liability any and all persons or entities contacted by the Gilbert, Arizona Police Department, and I hereby waive any and all legal privileges I may have to maintain such information as confidential, including, but not limited to, the following privileges: attorney-client, physician-patient, psychotherapist-patient, clergyman-penitent, husband-wife, and accountant-client. This release is in addition to, and not intended to curtail or diminish, the authorization and immunity provided by statute.

The undersigned further agrees to hold harmless and release from liability under any and all possible causes of legal action the Town of Gilbert, Arizona Police Department, their officers, agents, and employees for any statements, acts, or omissions in the course of the investigation into my background, health, family, personal habits and reputation.

I further realize that it is necessary for the Gilbert, Arizona Police Department to thoroughly investigate all aspects of my personal background and qualifications and, by applying for employment with the Department, I expressly waive all my legal rights and causes of action to the extent that the Gilbert, Arizona Police Department investigation (for purposes of evaluating my suitability or application for employment) may violate or infringe upon these aforementioned legal rights and causes of action of mine.

This release from liability given by me to the Town of Gilbert and the Gilbert, Arizona Police Department, their officers, employees, agents, and all others as heretofore provided, shall apply to any right of action that might accrue to myself, my heirs and my personal representatives.

The undersigned agrees that the investigative background includes a polygraph examination. This examination includes questions regarding personal habits and other background information.

I expressly agree that I will never, under any circumstances, attempt to obtain the results of my background investigation as conducted by the Gilbert, Arizona Police Department, realizing that such information must, of necessity, remain confidential.

NOTE: READ CAREFULLY BEFORE SIGNING - IF NOT UNDERSTOOD, SEEK COMPETENT LEGAL ADVICE.

Signature of Applicant: _____ Date: _____

Signature of parent or guardian if under 18: _____

Sworn and Subscribed Before Me This _____ Day of _____, _____

State: _____ County: _____

Signature of Notary Public: _____

GILBERT
ARIZONA

Gilbert Police Department's
Minimum Qualifications for Civilian Positions

- Must be at least 18 years of age
- Shall have a high school diploma or GED
- Shall not have been convicted of a felony or any offense that would be a felony if committed in Arizona
- Shall not have been dishonorably discharged from the United States Armed Forces
- Shall not have illegally sold, produced, cultivated, or transported marijuana for sale
- Shall not have illegally used marijuana for any purpose within the past 18 months
- Shall not have illegally used marijuana while employed with a law enforcement agency
- Shall not have a pattern of abuse of prescription medication or illegally used dangerous drugs or narcotics within the past 7 years
- Shall not have been convicted of or adjudged to have violated traffic regulations that would equal 8 or more points in the past 36 months (*Shall not apply to positions that do not require driving in their job description – Driving waivers may be required*)

_____

Applicant Signature Date

By signing this form, you the applicant are acknowledging that you understand the requirements that must be met for a civilian position with the Gilbert Police Department. If you do not meet any or all of these qualifications and choose to proceed in the hiring process, you can be removed from consideration at any time. In this event, you the applicant accept responsibility for any time or monetary loss.

Gilbert Police Department
Volunteer Application

Please print

Name: _____
Last First Middle

List any languages, other than English, that you speak fluently:

_____

Any special skills, training, interests, or hobbies you have that may be useful to the police department:

_____

_____

Would you like to volunteer as a Gilbert Citizens on Patrol Volunteer, a Crime Prevention Volunteer, a Crisis Support Unit Volunteer, or a Police Chaplain Volunteer? _____

How did you hear about the volunteer program? _____

Have you ever committed a felony or misdemeanor? Yes ☐ No ☐

Have you even been arrested and/or convicted of a felony or misdemeanor? Yes ☐ No ☐

Is there anything in your past that might disqualify you from participating in the volunteer program?

☐ Yes ☐ No If yes, please explain:

_____

_____

As a volunteer with the Gilbert Police Department, I am willing to furnish information for use in determining my qualification. I authorize release of any and all information concerning me, including information of a confidential or privileged nature.

I hereby release you, your organization, or others, from liability of damage that may result from furnishing the information requested.

I understand that for security reasons, I will have to pass a background, polygraph, and fingerprint check.

_____ _____
Signature Date

_____
Printed Name

Gilbert Police Department •75 East Civic Center Drive • Gilbert, Arizona 85296

GILBERT POLICE DEPARTMENT VOLUNTEER APPLICANT
STATEMENT OF PERSONAL HISTORY

INSTRUCTIONS: Print clearly 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" in the answer block. Incomplete or unsigned statements cannot be processed. If additional space is required, attach additional sheets. Use the "Remarks" section to amplify or explain your answer. All information provided is subject to verification. This statement is confidential and will remain confidential unless disclosure is required by law.

1. Name:	2. Date of Birth:	3. SS#
4. Address:	5. City:	6. State / Zip Code:
7. If you have ever used any other names, list below:	8. Home Telephone Number:	9. Work Telephone Number:
	10. Cell Telephone Number:	11. Marital Status:
12. Are you a United States Citizen? Yes ☐ No ☐ Please attach a copy of your birth certificate.	13. Prior peace officer certification/employment (dates, agency, city, state)	

14. EDUCATIONAL BACKGROUND: Attach copy of high school diploma or general education certificate (GED).

Dates of Enrollment Month and Year	Name and address of school or institution (city and state)	Graduation Date	Degree/ Certificate

15. EMPLOYMENT HISTORY: (Show all employment and all periods of employment beginning with the most recent employer).

Dates of Employment Month and Year	Name and Address of Employer (Street, City, State) Telephone	Supervisor's Name	Job Title	Reason for Leaving

16. MILITARY RECORD:

Branch of Service:	
Honorable Discharge: Yes ☐ No ☐	If NO, list type of separation:
Are you a member of a U.S. Reserve unit or the National Guard: Yes ☐ No ☐	

17. RESIDENCES: List all residences during the past five years, use "REMARKS" section, if needed.

Date From - To	Street Address	City	State/Country

18. MOTOR VEHICLE OPERATION: List all moving violations for which you were cited, use "REMARKS" section, if needed. You must provide proof of insurance.

Date	Location and Issuing Agency	Violation Charged	Collision Related: Yes/No	Court Disposition

19. CURRENT DRIVER'S LICENSE:
Is your license is valid? ? Yes ☐ No ☐
State: Expiration Date:
License Number:

20. Previous Driver's License Information: List all states/countries where you have been licensed.

21. ARREST RECORD: List all incidents in which you were arrested, accused, charged of a crime other than traffic violations.

Date	Location	Arresting Agency	Original Charge	Charge Reduced To	Disposition/Court Action

22. CIVIL ACTIONS: List all civil actions in which you were a party (divorce, name change, bankruptcy, judgments).

Date	Location	Action or Proceeding	Disposition/Court Action

23. PERSONAL REFERENCES: List at least three people who have known you for over one year, excluding relatives or former employers.

Name	Street Address, City, State, Zip Code	Home Telephone	Work Telephone	Years Known

24. List any persons with whom you have lived during the past five years: Do not include family members.

Name	Street Address, City, State, Zip Code	Home Telephone	Work Telephone	Relationship

25. FAMILY REFERENCES: List all immediate relatives, i.e., parents, siblings, spouse, in-laws, and all children.

Name	Relationship	Age	Street Address, City, State, Zip Code	Telephone

26. ILLEGAL USE OF DRUGS/CONTROLLED SUBSTANCES

Type of Drug	Have you ever tried? Answer YES or NO	If YES, how many times?	How many times after age 21?	Date First Used	Date Last Used	Have you ever sold, smuggled or transported this drug for sale or personal gain? Answer YES or NO
Marijuana						
Hashish						
Cocaine/Crack						
Methamphetamine / Speed						
Heroin						
Ecstasy						
Oxycontin / Oxycodone						
LSD/Acid						
Peyote						
Rave Drugs (GHB, Ketamine, Rohypnol)						
Steroids						
Any Other Illegal Drugs						
Illegal Use of Prescription Drugs						

27. If you answered YES on any of the areas in question #26, PROVIDE FULL EXPLANATION ON CONTINUATION SHEET. Include if applicable, the following:

a. How the drug was ingested or consumed.
b. The duration of usage.
c. The motivation for use.
d. How the drug was obtained.
e. Why you stopped using the drug.
f. Any other factors you believe are relevant.

28. **Are you now, or have you ever been, a member of any foreign or domestic organization, association, movement, group or combination of persons which 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? If yes, provide full explanation in the "REMARKS" section.**

Yes ☐ **No** ☐

29. **Do you have any knowledge or information, in addition to that specifically required in this questionnaire, which is or may be relevant, directly or indirectly, to an investigation of your eligibility or fitness for the position you are seeking? This includes, but is not limited to: character traits, temperance habits, employment, education, subversive activities, family, associations, undetected criminal offenses, traffic violations, or residence? If yes, provide explanation in the "REMARKS" section.**

Yes ☐ **No** ☐

30. REMARKS: Use this area for any required information or to amplify any answer. Use additional sheets if necessary.

31. **Photocopies, original forms or other exhibits of the following records must be submitted with this application before you can be considered for employment:**

1. **Applicant's birth certificate or naturalization papers.**
2. **DD-214 if discharged from military.**
3. **Copy of applicant's marriage license if name has been changed due to marriage.**
4. **Certificate of high school graduation or General Education Certificate (GED).**

32. **CERTIFICATION: Please confirm that you have read, understand, and agree to the aforementioned conditions and criteria by signing below:**

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