

Dear Volunteer Applicant,

Thank you for considering the ***Citizens Offering Police Support (COPS) Program*** as a way to donate your time to support the mission of the Phoenix Police Department. We currently have almost 200 volunteers who work in a variety of different units within the police department. Their valuable service saves the City thousands of dollars a year. Once you become a volunteer you quickly become part of our 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. Thanks to the background check process, COPS volunteers have never had issues with secure information.

There are a few steps that have to be completed before you can become a COPS volunteer. We understand at times the process may seem a bit daunting. The Phoenix Police Department Personnel and Employee Development Unit places a high priority on attention to detail throughout your background check process. To expedite the process and avoid issues, please follow the listed steps:

- Print legibly in BLACK INK
- Notarize the first page prior to turning in your application
- Read and answer EACH question carefully, completely and accurately
- If you need more space, use page 12, the continuation sheet
- Make as many copies of page 12 as you need
- Write "Unknown" if you do not know or cannot recall the information requested
- Leave NO question BLANK. Write "DNA" if the question *Does Not Apply*
- Provide all addresses, zip codes, and phone numbers
- Ensure your contact information is accurate (phone, email, address)

Please include with your application:

- Two (2) photos (passport SIZED -- go to a Post Office or drug store)
- Other documents may be requested at a later date

Turn in your application one of two ways, via mail or in person at this address:

Phoenix Police Headquarters  
Employment Services Bureau Attention: COPS Coordinator  
620 W. Washington St. #107  
Phoenix, AZ 85003-2108

Once we receive your application, we will review it and call you to schedule an appointment for an interview. Your assigned background investigator may request that you bring certain documents to your interview.

Please provide phone numbers that have message machines so we can leave a message if you are not available at the time of our call.

Your interview will be conducted at **Phoenix Police Headquarters, 620 W. Washington Street, RM# 107, Phoenix, Personnel and Employment Development Unit.** This appointment may last a couple hours so please plan accordingly. Unfortunately, parking is your responsibility; there is free parallel parking, near the police station, in the area west of 7th Ave. Also, there is a city parking garage between Washington St and Jefferson St, with access on 4th Avenues. If you park in the garage, bring the ticket with you and we will stamp it to receive a discount.

Again, we **appreciate your interest in volunteering for the Phoenix Police Department.** Please be patient with us during your screening process. *If you have any **questions or concerns, please feel free to contact the COPS Coordinator at 602-262-6925***

Sincerely,  
The COPS Program Coordinator



**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. <b>Name</b> (Last, First, Middle):		Email Address:	
2. <b>Address:</b>		3. <b>City:</b>	4. <b>State/Zip Code:</b>
5. <b>Date of Birth</b> (Month/Day/Year):	6. <b>Social Security Number:</b>	7. <b>Place of Birth</b> (City, State, Country):	
Height:	Weight:	Hair Color:	Eye Color:
8. <b>List here any other Names, Dates of Birth or Social Security Numbers you have used:</b>			
9. <b>Current Marital Status:</b>		10. <b>Spouse's Name Before Marriage:</b>	
11. <b>Home Telephone Number:</b>		12. <b>Work Telephone Number:</b>	13. <b>Cell/Mobile Number:</b>
14. <b>Are you eligible to work in the United States?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>			
15. <b>Do you have</b> (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. <b>When and where did you receive it?</b>	
17. <b>MILITARY SERVICE:</b> 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:		



**VOLUNTEER BACKGROUND APPLICATION**

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



**VOLUNTEER BACKGROUND APPLICATION**

**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





## VOLUNTEER BACKGROUND APPLICATION

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"/>	



## VOLUNTEER BACKGROUND APPLICATION

31. ILLEGAL USE OF DRUGS/CONTROLLED SUBSTANCES:		
TYPE OF DRUG	HAVE YOU EVER SOLD, SMUGGLED, OR TRANSPORTED FOR SALE OR PERSONAL GAIN:	IN THE PAST 5 YEARS, HAVE YOU EVER USED, TRIED, OR EXPERIMENTED WITH:
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"/>
<b>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:</b>		
<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>		
<b>33. CRIMINAL CONDUCT:</b>		
<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?</p> <p>If YES, provide a full explanation on the Continuation Sheet.</p>		YES <input type="checkbox"/> NO <input type="checkbox"/>



## VOLUNTEER BACKGROUND APPLICATION

35. 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, employment, education, subversive activities, family, associations, or traffic violations? YES  NO

If YES, provide a full explanation on the Continuation Sheet.

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

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"/>



### VOLUNTEER BACKGROUND APPLICATION

**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: \_\_\_\_\_

### 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.