

In addition to the Criteria Standards for Disqualifications as stated on Page 4 of this application, Buckeye Police Department volunteer applicants, depending upon the nature of the work to be performed or the sensitivity of that work, need to be aware that they may be subject to a credit history check and/or a polygraph examination.

CONDITIONS:

I fully understand, acknowledge and agree that the following will be required before placement in any sensitive volunteer position.

- a. Background Investigation b. Fingerprinting c. Substance Abuse Testing**

All statements made in this application are true and authorization is given to investigate all matters contained in the application. Any false statements or misrepresentation on this application will be cause for refusal of placement or dismissal at any time during my placement.

Signature of Volunteer Applicant _____ Date _____

Please Return Application To:
Don McWilliams
Buckeye Police Department Neighborhood Service Mgr.
623-349-6459
100 North Apache Rd. Suite D
Buckeye, AZ 85326
Documents can be mailed, emailed or scanned

**BUCKEYE
POLICE DEPARTMENT**

Larry Hall, CHIEF OF POLICE

VOLUNTEER IN POLICE SERVICE - BACKGROUND QUESTIONNAIRE

APPLICANTS NAME: _____

DATE: _____

Failure to follow instructions or not completing the questionnaire will result in delaying and the possibility of your packet being rejected. If your packet is rejected, you will be removed from further processing.

WARNING

A false or misleading statement on this form is a crime and punishable under Arizona Revised Statutes 13-2704, 13-2907.01, 39-161 and is cause to deny or revoke peace officer certification.

FOLLOW DIRECTIONS CAREFULLY

2. Use ink to complete the questionnaire
2. Write/Print legibly
3. Read and answer each question carefully, completely and accurately.
4. Do not leave any question blank. If a question does not apply, write N/A
5. Sign the questionnaire and have it notarized

**DO NOT SIGN NOTARY PAGES UNTIL
YOU ARE IN THE PRESENCE OF A NOTARY**

CRITERIA STANDARDS FOR DISQUALIFICATIONS

- Any felony
- Participation in a serious crime
- The selling of narcotics, drugs or marijuana
- The illegal, excessive use of drugs, or abuse of prescription medication(s)
- Any sexual conduct prohibited by law

This questionnaire will be used for reference by those who will be considering you for volunteer service with the Buckeye Police Department. **A background investigation will be conducted into your personal history.**

Applicants will not receive, and are not entitled to, a copy of the background report or to know its contents. The contents will be used in the evaluation process for volunteer service with the Buckeye Police Department. All documents provided by applicant must be originals. Staff will copy only original documents. No copies of any documents utilized for or during the application and background process for volunteerism will be furnished, given to or returned to the applicant. The applicant will not be advised of the reason for non-selection.

Where explanations are required in this packet, it is mandatory that the information be listed totally and completely. The existence of any condition listed above may result in rejection from the selection process. These areas will be explored during an extensive background investigation. Appropriate business attire is required for all steps of your processing, including all interviews and volunteer orientations. Failure to comply may result in removal from volunteering.

By signing below you are confirming that you have read, understand and agree to the aforementioned conditions and criteria.

Have you ever been Charged or convicted of a Crime? Yes or No

- **If Yes, please explain on Continuation Page (Page 10) and include date(s), court deposition, and explanation of incident(s)**

DO NOT SIGN UNTIL IN THE PRESENCE OF A NOTARY

SIGNATURE

DATE

Sworn to and subscribed before me:

This ____ day of _____, 20__

(SEAL)

Notary Public

Public disclosure of information

Your social security number is requested for identification and record keeping purposes. Disclosure of your social security number is for the purpose of conducting a thorough background investigation. The information

included on this form may constitute a, "public record of matter" requiring public disclosure under Arizona's Public Records law, 39-131 *et seq.*

Buckeye Police Department
100 N. Apache Suite D
Buckeye, AZ 85326
Phone 623-349-6459

Authorization for Release of Information

I _____, do hereby authorize and release from any and all liability, any and all individuals, military agencies, law enforcement agencies, private, City, County, State and Federal entities including the Buckeye Police Department to release, furnish and exchange any and all information, including medical records, regarding me in order that my suitability for volunteering at the Police Department may be determined. This included, but is not limited to, my character, integrity and reputation.

DO NOT SIGN UNTIL IN THE PRESENCE OF A NOTARY

SIGNATURE

DATE

Sworn to and subscribed before me:

This ____ day of _____, 20__

(SEAL)

Notary Public

Buckeye Police Department
Volunteer Program
www.buckeyeaz.gov

Background Document Checklist

Applicant's Name: _____

Volunteer Position: _____

**Please bring original documents of the following items
with your completed background packet:
This can also be scanned or emailed with documents attached:**

- Birth Certificate or Alien Card/Naturalization Papers or Passport
- Current Drivers License (if volunteering in a driving role, you must have a valid Arizona License)
- Social Security Card

Return your completed Application and Background Packet to:

Don McWilliams, Buckeye Police Department Neighborhood Service Mgr.
100 N. Apache Rd. Suite D, Buckeye, AZ 85326
Police Main Line: 623-349-6400
Direct Line: 623-349-6459
dmcwilliams@buckeyeaz.gov

Buckeye Police Department Background Packet for Volunteer Applicants

Illegal Use of Drugs/Controlled Substances:

Type of Drug	Have you ever tried? Answer Yes or No	If Yes, How many times?	If Yes, How many times since age 21?	Date First Used?	Date Last Used?	Have you ever sold, smuggled or transported for sale or personal gain? Answer Yes or No
Marijuana						
Hashish						
Cocaine/Crack						
Methamphetamine or Speed						
Heroin						
Opium						
Morphine						
LSD/Acid						
Peyote						
Mescaline						
Steroids						
Other illegal drugs						
Illegal use or abuse of Prescription Drugs						

Are you currently on any Prescription Medication that may affect your abilities to perform your volunteer duties?
Yes ___ No ___



Buckeye Police Department

Employee Profile and Emergency Contact Information

Warning:

The information contained on this document is considered privileged and highly confidential. Employees' information is to be used strictly for departmental use and should not be released to the public. Intentional unauthorized releasing of confidential information could result in disciplinary action, up to and/or including termination.

Employee Name:		Date Updated by Employee	
EMPLOYEE CONTACT INFORMATION			
Physical Home Address:	Street	State	Zip Code
Personal Mailing Address:	Street / P. O. Box	State	Zip Code
Telephone Numbers			
Primary Work Cellular	Secondary Work Cellular	Home Number	Alternate Number

NEXT OF KIN / EMERGENCY NOTIFICATION INFORMATION				
To be used in the event employee is injured while on duty.				
Emergency Contact 1 (Preferred)				
Name:			Relationship:	
Physical Home Address:	Street	State	Zip Code	
Mailing Address (If different from above):	Street / P. O. Box	State	Zip Code	
Home Number	Work Number (If Applicable)	Personal Cellular (If Applicable)	Alternate Number (If Applicable)	Alternate Number (If Applicable)
Emergency Contact 2 (Second Most Preferred)				
Name:			Relationship:	
Physical Home Address:	Street	State	Zip Code	
Mailing Address (If different from above):	Street / P. O. Box	State	Zip Code	
Home Number	Work Number (If Applicable)	Personal Cellular (If Applicable)	Alternate Number (If Applicable)	Alternate Number (If Applicable)
Emergency Contact 3 (Third Most Preferred)				
Name:			Relationship:	
Physical Home Address:	Street	State	Zip Code	
Mailing Address (If different from above):	Street / P. O. Box	State	Zip Code	
Home Number	Work Number (If Applicable)	Personal Cellular (If Applicable)	Alternate Number (If Applicable)	Alternate Number (If Applicable)

Buckeye Police Department
Volunteer Program
www.buckeyeaz.gov



This information is intended for Volunteers with the Buckeye Police Department. It is a policy of the Buckeye PD, when an individual is no longer considered a volunteer that he/she will be required to return all equipment (including but not limited to radios, badges, shirts, uniforms, all forms and other miscellaneous items) to the VIP coordinator or an appointed person immediately.

I _____ understand that when I am no longer a volunteer for the Buckeye Police Department that I am required to return all items belonging to the Police department.

Signature: _____

Date: _____

