



Volunteers in Policing (VIPs)

The Prescott Valley Police Department is always seeking qualified citizens to join our Department as it strives to serve our community. As a volunteer you will receive valuable training and insight as to the functions of the police department and the criminal justice system. We realize that our department would not be able to provide some of the enhanced support services if it were not for our volunteers. In addition, our volunteers assist our officers and staff by allowing them to concentrate on their assigned tasks, making Prescott Valley a safer place to live and work. In exchange, volunteers benefit by providing a civic service as well as an opportunity to:

- Learn new job skills
- Share past experiences and skills
- Add to a resume as a job reference
- Be part of a “Community-Based Policing” team

Becoming a volunteer with the Prescott Valley Police Department is very similar to applying for a job. It requires the completion of an application, an oral interview, and a background check that includes fingerprinting and a criminal histories inquiry. Listed below are some of the opportunities we have available:

- Citizen Police Patrol/Motorist Assistance
 - Volunteer Records Aide
 - Volunteer Animal Control Aide
- Volunteer Administrative Aide (office support, shuttling equipment, etc)
 - Volunteer Investigative Aide Assistant
 - Volunteer Range Assistant

For further information, please contact Bob Warnke, PVPD Lead Volunteer, at (928) 772-9261 Xt. 5155. Applications are available at our front desk during business hours, Monday-Friday, 7:30am to 5:30pm.

Be the Force behind the Force!



Prescott Valley Police Department
7601 E. Civic Circle
Prescott Valley, AZ 86314
(928) 772-9261 Phone
(928) 772-2700 Fax

Volunteers In Policing Application

Please print or type the requested information

Volunteer Position Interested In: _____

Name: _____
(Last name) (First) (Middle)

Address: _____
(Number/Street) (City) (Zip Code)

Phone #: _____ (home) _____ (work)
_____ (cell) _____ (other)

Email Address: _____

Date of Birth: _____ Social Security #: _____

AZ Driver's License #: _____ Expires: _____

Has your license ever been suspended or revoked? Yes _____ No _____ If yes, please explain:

Do you currently have automobile insurance? Yes _____ No _____

Name of auto insurance company: _____

Have you ever used any other names? Yes _____ No _____ If yes, please list all names used and the reason for each: _____

High School Attended: _____ Location: _____

High School Diploma/GED Received: Yes _____ No _____

College Attended: _____ Location: _____

Degree Received: Yes _____ No _____ Course of Study: _____

Employer (most current): _____ Position Held: _____

Employer Address: _____ Phone #: _____

Please list any special skills, training or interests you have that may be useful in your duties as a police volunteer: _____

Do you have previous experience as a volunteer: Yes _____ No _____ If yes, please list the name and location of the organization(s): _____

Please provide us with the contact information for three references:

Name	Address	Phone #	Years Known

Have you ever been arrested: Yes _____ No _____ If yes, please explain (include date, location, and circumstances): _____

Have you ever been convicted of a crime: Yes _____ No _____ If yes, please explain: _____

During the last five years, have you received a traffic citation: Yes _____ No _____ If yes, please list the date, type of violation, and location/issuing agency: _____

During the last five years, have you driven a motor vehicle while intoxicated: Yes _____ No _____ If yes, approximately how many times: _____

Have you ever been a member or associated with any organization that advocates violence, terrorism or anti-government? Yes _____ No _____ If yes, please explain: _____

In a few words, what interested you in becoming a volunteer for the Prescott Valley Police Department: _____

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?	How Many Times After age 21?	Date First Used	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"/>						
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"/>						
<p>If you answered "yes" on any of the above questions, please provide a full explanation on the continuation sheet provided. Include, if applicable, the following:</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> ➤ How the drug was ingested or consumed ➤ The duration of usage ➤ The motivation for use </td> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> ➤ How the drug was obtained ➤ Why you stopped using the drug ➤ Any other factors you believe are relevant </td> </tr> </table>							<ul style="list-style-type: none"> ➤ How the drug was ingested or consumed ➤ The duration of usage ➤ The motivation for use 	<ul style="list-style-type: none"> ➤ How the drug was obtained ➤ Why you stopped using the drug ➤ Any other factors you believe are relevant
<ul style="list-style-type: none"> ➤ How the drug was ingested or consumed ➤ The duration of usage ➤ The motivation for use 	<ul style="list-style-type: none"> ➤ How the drug was obtained ➤ Why you stopped using the drug ➤ Any other factors you believe are relevant 							

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 my application.

I understand, for security reasons, a criminal history check will be conducted and I will be fingerprinted. Further background information may be requested if a specific volunteer assignment calls for a full-security check which could include a polygraph examination.

I further understand and agree that any illegal activity in which I have been involved that is discovered during this background/criminal histories investigation will be disclosed to the proper authorities if applicable.

Signature: _____ Date: _____

Witness Signature: _____ Date: _____



Prescott Valley Police Department
7601 E. Civic Circle
Prescott Valley, AZ 86314
(928) 772-9261 Phone
(928) 772-2700 Fax

Authorization for Release of Information

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 appointed as a volunteer for the Town of Prescott Valley 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 Town of Prescott Valley 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.

Signature: _____ Date: _____

State of _____

County of _____

Subscribed and sworn to (affirmed) before me this _____ day of _____, 20 ____

by _____.

Notary Public

My commission expires _____