



Dear Applicant,

Thank you for your interest in the Volunteers in Police Service (V.I.P.S.) program. Volunteers at the Mesa Police Department contribute more than just their time; they bring to those they work with expertise culled from their life experiences, new ideas, fresh perspective, and shared enthusiasm. The V.I.P.S. are *highly* valued and genuinely appreciated.

Attached is an application and information about the application process. Please read all of the information thoroughly and follow the instructions closely. A correctly completed application will assist in its timely processing.

Upon receipt of your application, it will be reviewed for minimum qualifications. Your eligibility will be determined by:

- Successful completion of your background investigation
- Your qualifications
- Your honesty and thoroughness
- Availability of the area you wish to volunteer within

Thank you for considering the Mesa Police Department to receive the gifts of your skills, abilities, and time. Please return your completed, notarized application as soon as you can so that you, too, can be a part of the Mesa Police Department team! Your completed application should be mailed to:

Linda Bailey, V.I.P.S. Program
Mesa Police Department
130 N. Robson
Mesa AZ 85201

Sincerely,

Linda Bailey
Volunteer Coordinator

Mesa Police Department ~ 130 N Robson ~ Mesa, Arizona 85201-6697
Volunteers in Police Service ~ Phone (480) 644-2073 ~ Fax (480)644-2920

An Internationally Accredited Law Enforcement Agency



Steps of the V.I.P.S. Selection Process

Application

Background Interview

Polygraph Exam

Fingerprinting

Personal Reference Checks

Employment Reference Checks

Criminal History Checks

Certified Copies of Birth Certificate
& High School Transcripts

Drug Screen

Interview in Prospective Department Area(s)



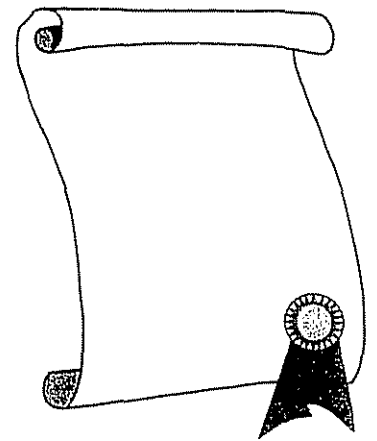
Why is the application process so complex?

The Volunteers in Police Service (V.I.P.S.) application process consists of many steps, more so than most volunteer programs require. Why?

Law enforcement volunteerism is a unique opportunity within a specialized field. Volunteers with the Mesa Police Department have access to confidential, sensitive information and represent the department to the public, just like paid department staff. In some volunteer positions, the V.I.P.S. have personal contact with victims of traumatic incidents, are responsible for collecting evidence, or issue parking citations. Also, our volunteers have keys to secure police buildings and utilize police equipment. It is therefore incumbent upon the department to ensure that our volunteers meet the same standards of conduct required of paid staff. The citizens have a right to expect that all persons serving in the capacity of public safety have successfully completed a thorough background check.

The Mesa Police Department and the citizens of Mesa appreciate the time and effort that you devote to becoming a member of the V.I.P.S. program. Your skills, experience and dedication will significantly enhance the quality of public safety in Mesa. And we think that you will truly enjoy the volunteer experience of a lifetime!

What do we mean by “certified” copies of your birth certificate and high school transcripts?



Certified copies are copies of your birth certificate or your high school transcripts that are provided directly by the issuing agency or school. Please request that the agency or the school mail a certified copy of your document directly to our department. Agencies and schools alike are familiar with this type of request and are usually very cooperative regarding this. We ask that the agency or school mail the certified copy directly to our department in order to preserve the integrity of the document. Please request that your document be mailed to:

Linda Bailey, Volunteer Coordinator
Mesa Police Department
130 N. Robson
Mesa, AZ 85201

Please note: We do not wish to see your original document or to make a Xerox copy of it. Also, we do not wish to take your original document from you because we require a certified copy that can be kept on file here at the department.

We require these particular documents because they help to establish the timeline of your life as you present it to us through the application process. They also help to verify your identity.

In the event that it is not possible for you to contact the issuing school or agency, your original document may be submitted to the Volunteer Coordinator at the time of your interview for verification. The Volunteer Coordinator will make a copy of it and return your original document to you immediately. *Please advise the Volunteer Coordinator in your application why it is not possible for you to obtain this document directly from the issuing agency or school.*

Important Note: Please do not delay turning in your application while waiting for your certified copies to be sent. We can begin processing your application without the certified copies. They are needed in order to complete your file, once you are ready to be hired.



Frequently Asked Questions about V.I.P.S.

How many hours per month are required?

Most V.I.P.S. positions require a minimum of eight (8) hours per month. Exceptions are the Victim Assistance position, which seeks two (2) shifts per month, (shifts are either six hours or 10 hours in length), and the Center Against Family Violence Assistant position, seeking 10 hours per month.

Am I eligible to apply if I am a winter resident?

Yes. We have a number of winter residents that volunteer in our program only during the months that they are in Arizona. Because of your absence during the summer months, it cannot be guaranteed that the same V.I.P.S. position you held during the winter will be available for you in the summer. However, if the same position is unavailable when you return, we will work with you to locate a V.I.P.S. position that you enjoy just as well.

Is a polygraph exam the same thing as a lie detector test?

Yes.

May I volunteer within more than one V.I.P.S. position?

Absolutely! We want your volunteer experience with us to be interesting and fulfilling. If you enjoy volunteering with us enough to take on more than one V.I.P.S. position, we encourage you to divide your donated hours however you see fit.

Where is the Mesa Police Department located?

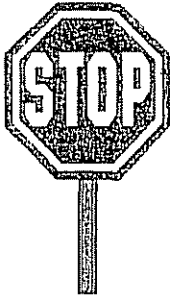
The Headquarters building, which is where you will send your application and undergo the steps of the V.I.P.S. application process, is located at 130 North Robson in Mesa. This is between Country Club Drive and Macdonald, and between University Drive and Main Street.

Are all V.I.P.S. positions located in the Headquarters building?

No. Sometimes there are V.I.P.S. openings in other Mesa Police buildings, such as our patrol substations and other offices.

If I have been fingerprinted before for any reason, including at the Mesa Police Department, must I be fingerprinted again for V.I.P.S.?

Yes. Each time that you make an application of any sort to the Mesa Police Department, you must be fingerprinted.



Read this before filling out your application:

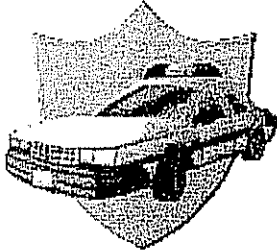
Please avoid these common errors when filling out your application!

- **Do not** list personal references that have known you for LESS than five (5) years! Also, avoid using relatives, supervisors or neighbors for personal references.
- **Do not** omit information from your employment history! Even if you held a job for only one (1) day, we want to know about it. Whether a position you held was brief, seasonal, part time, worked from your home or a "cash job", please be sure to list it among your employment. Be sure to list **complete mailing addresses, telephone numbers and the name of your immediate supervisor** for each position held.
- **Do not** fail to list the exact number of times that you may have tried, used or tasted illegal drugs or substances, if you have done so! If you do not recall the exact number of times, list a maximum number of times that you feel confident you have not exceeded. Be **very sure** to include the year or years as well—do not simply state "in high school," "when I was younger," "during college," etc.
- **Do not** forget to sign your "Waiver to Release Confidential Information" form! The waiver is useless without your signature.
- **Do not** turn in your application until you have had it notarized.

Thank you for your attention to detail. Your complete and accurate application will aid in its timely processing. We want you to join the Mesa Police Department "team" just as quickly as you do!

Mesa Police Department

Volunteers in Police Service (V.I.P.S.)



Name _____

Address _____

Daytime Phone _____

Evening Phone _____

Cell Phone _____

E-Mail Address _____

Hours I am available to volunteer: (circle all that apply)

Week Days Week Evenings Weekend Days Weekend Evenings

I have viewed the enclosed listing of current V.I.P.S. openings; the V.I.P.S. position(s) that I most wish to volunteer within is/are:

1st Preference _____

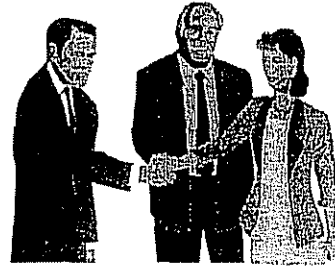
2nd Preference _____

3rd Preference _____

I don't see this area listed, but, if it becomes available, the police unit that I am interested in volunteering within is:

Where I heard about the V.I.P.S. program:

a little about *you...*



What are your hobbies and interests?

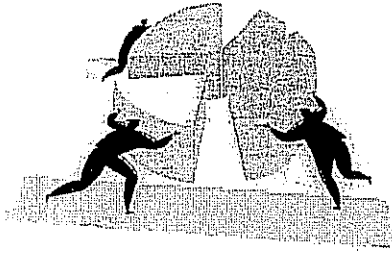
What do you feel are skills that you have to offer?

Describe your ideal work set-up. (For example, do you prefer to work alone or with a group? Do you prefer to concentrate on a single project or to handle multiple things at once? Do you prefer an office setting or the outdoors?)

Describe the best supervisor that you have ever worked for and what it was about them that made them your favorite supervisor.

Have you ever volunteered anywhere? If so, what did you do? Did you enjoy it?

What would make volunteering at the Mesa Police Department a positive, worthwhile experience for you?



Which tasks would you most enjoy?

[Check all that apply.]

- Crisis intervention for victims
- Answering telephones
- Greeting people / Staffing information booths
- Processing D.U.I. suspects
- Data entry / Clerical / Administrative
- Public speaking
- Reading police reports for information
- Photography
- Disabled Parking Enforcement
- Child care
- Volunteer recruitment
- Research
- Driving police vehicles
- Homeland security functions (fieldwork or administrative)
- Working with aviation equipment
- Working with computer equipment
- Paperwork (sorting, filing, stuffing envelopes, etc.)



Name (Last, First, Middle)
Position Applied For VOLUNTEER / INTERN
Today's Date



BACKGROUND QUESTIONNAIRE

This questionnaire will be evaluated by those persons responsible for hiring at the Mesa Police Department. It will be reviewed as part of an extensive background investigation into your personal and employment history.

All applicants will be required to take a polygraph examination.

Any false, misleading or incomplete information or failure to follow the instructions listed below will be grounds to disqualify you for employment with the Mesa Police Department.

FOLLOW DIRECTIONS CAREFULLY

1. USE INK TO COMPLETE QUESTIONNAIRE.
2. COMPLETE THE FORM IN YOUR OWN HANDWRITING OR PRINTING. DO NOT TYPE.
3. WRITE OR PRINT LEGIBLY.
4. READ EACH QUESTION CAREFULLY.
5. ANSWER EACH QUESTION COMPLETELY AND ACCURATELY.
6. ANSWER ALL QUESTIONS.
7. IF A QUESTION DOES NOT APPLY TO YOU, WRITE N/A IN THE BOX.
8. IF YOU NEED ADDITIONAL SPACE, WRITE ON THE BACK PAGE.
9. BEFORE RETURNING QUESTIONNAIRE, READ AND SIGN THE LAST PAGE. HAVE YOUR SIGNATURE NOTARIZED.

1. PERSONAL DATA

LAST NAME		FIRST NAME	MIDDLE NAME	HOME PHONE	BUS PHONE	MESSAGE PHONE		
CURRENT ADDRESS		STREET & NUMBER	CITY	STATE		EMAIL		
AGE	DOB	PLACE OF BIRTH	SEX	RACE	HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR
SOCIAL SECURITY NO		TATTOOS/SCARS	LIST ANY OTHER NAMES YOU HAVE EVER USED (INCLUDE MAIDEN NAME)					
CHECK ONE: <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED			SPOUSE'S NAME		DOB			
<input type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED								

A. STARTING WITH YOUR PRESENT ADDRESS, LIST ALL MAILING ADDRESSES YOU HAVE LIVED FOR THE PAST TEN (10) YEARS, INCLUDE YOUR ADDRESSES IN THE MILITARY SERVICE. DO NOT FORGET TO INCLUDE ZIP CODES.

DATES MO/YR		STREET ADDRESS	CITY	COUNTY	STATE	ZIP CODE
FROM	TO					
	PRESENT					

2. REFERENCES

LIST THREE (3) REFERENCES (NOT RELATIVES, FORMER EMPLOYERS OR NEIGHBORS) WHO ARE RESPONSIBLE ADULTS, AND WHO HAVE KNOWN YOU WELL FOR AT LEAST THE LAST FIVE YEARS

NAME		STREET ADDRESS		<input type="checkbox"/> RESIDENCE <input type="checkbox"/> BUSINESS		
HOW LONG KNOWN?	OCCUPATION	CITY	STATE	ZIP	HOME PHONE	BUSINESS PHONE
					()	()
NAME		STREET ADDRESS		<input type="checkbox"/> RESIDENCE <input type="checkbox"/> BUSINESS		
HOW LONG KNOWN?	OCCUPATION	CITY	STATE	ZIP	HOME PHONE	BUSINESS PHONE
					()	()
NAME		STREET ADDRESS		<input type="checkbox"/> RESIDENCE <input type="checkbox"/> BUSINESS		
HOW LONG KNOWN?	OCCUPATION	CITY	STATE	ZIP	HOME PHONE	BUSINESS PHONE
					()	()

3. EDUCATION

A. INDICATE BY CHECKING THE BOXES BELOW IF YOU HAVE ANY OF THE FOLLOWING:

- HIGH SCHOOL DIPLOMA G.E.D. CERTIFICATE COLLEGE DEGREE

LIST ALL HIGH SCHOOLS, COLLEGES, TRADE SCHOOLS AND UNIVERSITIES YOU HAVE ATTENDED IN CHRONOLOGICAL ORDER:

DATES	NAME	ADDRESS	DIPLOMA OR CREDIT HRS.

B. HAVE YOU EVER BEEN SUSPENDED, DISCIPLINED OR EXPELLED FROM ANY HIGH SCHOOL OR INSTITUTION OF HIGHER LEARNING? YES NO
IF YES. EXPLAIN ON BACK PAGE.

4. EMPLOYMENT HISTORY

A. HAVE YOU EVER BEEN DISMISSED OR ASKED TO RESIGN FROM ANY EMPLOYMENT? YES NO IF YES. EXPLAIN ON BACK PAGE

B. IF YOU DO NOT WANT YOUR PRESENT EMPLOYER TO BE CONTACTED. CHECK THE BOX TO THE RIGHT, AND ON THE BACK PAGE EXPLAIN WHY.

BEGINNING WITH YOUR PRESENT OR MOST RECENT EMPLOYER, LIST ALL OF THE PLACES YOU HAVE WORKED DURING THE LAST TEN (10) YEAR PERIOD. KEEP IN PROPER ORDER LIST PERIODS OF SCHOOL, MILITARY SERVICE, UNEMPLOYMENT, TEMPORARY ASSIGNMENTS, VOLUNTEER SERVICE AND PART-TIME EMPLOYMENT. LIST EVERYTHING DURING THE LAST TEN (10) YEAR PERIOD. **OMIT NONE!** BE SURE TO KEEP IN PROPER SEQUENCE. IF YOU NEED MORE ROOM, USE THE BACK PAGE OR A SEPARATE SHEET OF PAPER

CURRENT EMPLOYMENT	NAME	JOB TITLE
MO/YR	STREET ADDRESS	SUPERVISOR
FROM	CITY	PHONE ()
TO PRESENT	STATE	ZIP CODE
		STARTING SALARY
		ENDING SALARY

DESCRIBE YOUR DUTIES

PART TIME FULL TIME

REASON WHY YOU WANT TO LEAVE

FROM	NAME	JOB TITLE
	STREET ADDRESS	SUPERVISOR
TO	CITY	PHONE ()
	STATE	ZIP CODE
		STARTING SALARY
		ENDING SALARY

DESCRIBE YOUR DUTIES

PART TIME FULL TIME

REASON FOR LEAVING

FROM	NAME	JOB TITLE
	STREET ADDRESS	SUPERVISOR
TO	CITY	PHONE ()
	STATE	ZIP CODE
		STARTING SALARY
		ENDING SALARY

DESCRIBE YOUR DUTIES

PART TIME FULL TIME

REASON FOR LEAVING

FROM	NAME	JOB TITLE
	STREET ADDRESS	SUPERVISOR
TO	CITY	PHONE ()
	STATE	ZIP CODE
		STARTING SALARY
		ENDING SALARY

DESCRIBE YOUR DUTIES

PART TIME FULL TIME

REASON FOR LEAVING

FROM	NAME		JOB TITLE
	STREET ADDRESS		SUPERVISOR
TO	CITY	PHONE ()	STARTING SALARY
	STATE	ZIP CODE	ENDING SALARY
DESCRIBE YOUR DUTIES			
<input type="checkbox"/> PART TIME <input type="checkbox"/> FULL TIME			
REASON FOR LEAVING			
FROM	NAME		JOB TITLE
	STREET ADDRESS		SUPERVISOR
TO	CITY	PHONE ()	STARTING SALARY
	STATE	ZIP CODE	ENDING SALARY
DESCRIBE YOUR DUTIES			
<input type="checkbox"/> PART TIME <input type="checkbox"/> FULL TIME			
REASON FOR LEAVING			
FROM	NAME		JOB TITLE
	STREET ADDRESS		SUPERVISOR
TO	CITY	PHONE ()	STARTING SALARY
	STATE	ZIP CODE	ENDING SALARY
DESCRIBE YOUR DUTIES			
<input type="checkbox"/> PART TIME <input type="checkbox"/> FULL TIME			
REASON FOR LEAVING			
FROM	NAME		JOB TITLE
	STREET ADDRESS		SUPERVISOR
TO	CITY	PHONE ()	STARTING SALARY
	STATE	ZIP CODE	ENDING SALARY
DESCRIBE YOUR DUTIES			
<input type="checkbox"/> PART TIME <input type="checkbox"/> FULL TIME			
REASON FOR LEAVING			
FROM	NAME		JOB TITLE
	STREET ADDRESS		SUPERVISOR
TO	CITY	PHONE ()	STARTING SALARY
	STATE	ZIP CODE	ENDING SALARY
DESCRIBE YOUR DUTIES			
<input type="checkbox"/> PART TIME <input type="checkbox"/> FULL TIME			
REASON FOR LEAVING			
FROM	NAME		JOB TITLE
	STREET ADDRESS		SUPERVISOR
TO	CITY	PHONE ()	STARTING SALARY
	STATE	ZIP CODE	ENDING SALARY
DESCRIBE YOUR DUTIES			
<input type="checkbox"/> PART TIME <input type="checkbox"/> FULL TIME			
REASON FOR LEAVING			

C HAVE YOU EVER APPLIED FOR ANY POSITION WITH ANY LAW ENFORCEMENT AGENCY? YES NO
 IF MORE SPACE IS NECESSARY, LIST ON THE BACK PAGE

DATE	POSITION	LAW ENFORCEMENT AGENCY	DISPOSITION

D. HAVE YOU EVER ATTENDED A LAW ENFORCEMENT ACADEMY? YES NO WERE YOU CERTIFIED? YES NO
 NAME OF ACADEMY _____ DATE ATTENDED _____
 NAME OF ACADEMY _____ DATE ATTENDED _____

5. ARREST HISTORY

THE FOLLOWING QUESTIONS PERTAIN TO YOUR EXPERIENCES IN THIS COUNTRY AND ALL OTHER COUNTRIES AS BOTH A JUVENILE AND AN ADULT. DO NOT INCLUDE MINOR TRAFFIC VIOLATIONS. EXPLAIN ALL "YES" ANSWERS IN DETAIL ON BACK PAGE.

- | | |
|--|---|
| <p>A HAVE YOU EVER HAD ANY CONTACT WITH ANY LAW ENFORCEMENT OFFICIAL? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>B HAVE YOU EVER BEEN WARNED ABOUT ANYTHING BY A LAW ENFORCEMENT OFFICIAL? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>C HAVE YOU EVER BEEN DETAINED BY A LAW ENFORCEMENT OFFICIAL? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>D HAVE YOU EVER BEEN ACCUSED OF A CRIME? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>E HAVE YOU EVER BEEN CHARGED WITH A CRIME? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>F HAVE YOU EVER BEEN ARRESTED? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> | <p>G HAVE YOU EVER BEEN CONVICTED OF A CRIME? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>H HAVE YOU EVER BEEN BOOKED INTO JAIL? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>I HAVE YOU EVER RECEIVED A CRIMINAL CITATION? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>J HAVE ANY RELATIVES OF YOU OR YOUR SPOUSE EVER BEEN CONVICTED OR HELD IN ANY DETENTION FACILITY, JAIL OR PRISON? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>K HAVE THE POLICE EVER BEEN CALLED TO YOUR HOME FOR ANY REASON? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> |
|--|---|

L. IF YOU HAVE ANSWERED "YES" TO ANY OF THE ABOVE QUESTIONS. LIST THE INCIDENT BELOW AND MAKE CERTAIN YOU HAVE EXPLAINED IT ON THE BACK PAGE ALL INCIDENTS MUST BE EXPLAINED IN DETAIL.

SECTION #(A-K)	DATE	REASON/CHARGE	LAW ENFORCEMENT AGENCY - CITY/STATE	DISPOSITION/SENTENCE

6. DRIVING HISTORY

A HAVE YOU EVER HAD A DRIVER'S LICENSE CANCELED, REFUSED, REVOKED, OR SUSPENDED? YES NO
 IF YES, EXPLAIN IN DETAIL ON THE BACK PAGE THE REASON FOR THIS ACTION LIST DATES.

B HAVE YOU EVER HAD YOUR DRIVING PRIVILEGES SUSPENDED? YES NO IF YES, EXPLAIN IN DETAIL ON BACK PAGE

C LIST ALL VALID DRIVER'S OR CHAUFFEUR'S LICENSES YOU NOW HOLD

ISSUE DATE	TYPE OF LICENSE	EXPIRATION DATE	STATE	LICENSE NUMBER

D HAVE YOU EVER ATTENDED A DRIVER IMPROVEMENT SCHOOL? YES NO WHEN? _____ WHERE? _____

E. LIST EACH AND EVERY TRAFFIC CITATION, SUMMONS AND WRITTEN WARNING YOU HAVE RECEIVED WITHIN THE LAST FIVE YEARS LIST IN CHRONOLOGICAL ORDER BEGINNING WITH THE MOST RECENT. IF YOU NEED MORE SPACE, USE THE BACK PAGE.

MONTH/YEAR	CHARGE	AGENCY/CITY OR STATE	DISPOSITION/RESULT

F. HAVE YOU EVER BEEN CHARGED WITH DRIVING UNDER THE INFLUENCE OF ALCOHOL OR DRUGS? YES NO IF YES, EXPLAIN ON BACK PAGE

G. HAVE YOU EVER BEEN INVOLVED WITH AGGRAVATED, AGGRESSIVE OR RECKLESS DRIVING? YES NO
HIT & RUN WITH INJURIES? YES NO IF YES, EXPLAIN ON BACK PAGE

H. HAVE YOU EVER BEEN CHARGED WITH VEHICULAR HOMICIDE? YES NO MANSLAUGHTER? YES NO IF YES, EXPLAIN ON BACK PAGE

7. GAMBLING

IF ANY OF THE FOLLOWING QUESTIONS ARE ANSWERED YES. EXPLAIN ON THE BACK PAGE.

	YES	NO		YES	NO
A. DO YOU NOW OR HAVE YOU EVER HAD ANY GAMBLING DEBTS?	<input type="checkbox"/>	<input type="checkbox"/>	C. HAVE YOU EVER WORKED FOR A GAMBLING OPERATION, OR BOOKED ANY BETS?	<input type="checkbox"/>	<input type="checkbox"/>
B. HAVE YOU EVER USED AN EMPLOYER'S MONEY TO GAMBLE WITH?	<input type="checkbox"/>	<input type="checkbox"/>			

8. LIQUOR AND NARCOTICS

A. DO YOU DRINK ALCOHOLIC BEVERAGES? YES NO WHAT KIND? _____ HOW MUCH? _____

B. HAVE YOU EVER HAD DIFFICULTY WITH YOUR FAMILY OR EMPLOYMENT DUE TO DRINKING? YES NO IF YES, EXPLAIN ON BACK PAGE

C. HAVE YOU EVER TRIED OR USED ANY NARCOTIC OR DANGEROUS DRUG WITHOUT A DOCTOR'S PRESCRIPTION? YES NO IF YES, EXPLAIN ON BACK PAGE

D. IF YOU HAVE TRIED, USED OR INGESTED ANY OF THE DRUGS LISTED BELOW, CHECK THE "YES" BOX IF YOU HAVE NOT, CHECK THE "NO" BOX INCLUDE THE NUMBER OF TIMES USED AND DATES.

	YES	NO	TOTAL # TIMES USED	# TIMES USED SINCE 21st BDAY	DATE/S (MO/YR)		YES	NO	TOTAL # TIMES USED	# TIMES USED SINCE 21st BDAY	DATE/S (MO/YR)
MARIJUANA	<input type="checkbox"/>	<input type="checkbox"/>	()	()	_____	COCAINE	<input type="checkbox"/>	<input type="checkbox"/>	()	()	_____
INHALANTS	<input type="checkbox"/>	<input type="checkbox"/>	()	()	_____	HEROIN	<input type="checkbox"/>	<input type="checkbox"/>	()	()	_____
THAI STICKS	<input type="checkbox"/>	<input type="checkbox"/>	()	()	_____	OPIUM	<input type="checkbox"/>	<input type="checkbox"/>	()	()	_____
BARBITURATES	<input type="checkbox"/>	<input type="checkbox"/>	()	()	_____	INJECTABLE STEROIDS	<input type="checkbox"/>	<input type="checkbox"/>	()	()	_____
AMPHETAMINES (Speed, etc)	<input type="checkbox"/>	<input type="checkbox"/>	()	()	_____	ORAL STEROIDS	<input type="checkbox"/>	<input type="checkbox"/>	()	()	_____
HASHISH	<input type="checkbox"/>	<input type="checkbox"/>	()	()	_____	HALLUCINOGENIC SUBSTANCES (LSD, PCR, Mescaline, Mushrooms, etc)	<input type="checkbox"/>	<input type="checkbox"/>	()	()	_____

IF YOU HAVE TRIED OR USED ANY OF THE DRUGS LISTED ABOVE OR IF YOU HAVE TRIED OR USED ANY OTHER DRUG WITHOUT A DOCTOR'S PRESCRIPTION. EXPLAIN IN DETAIL BELOW IF MORE SPACE IS NEEDED, USE THE BACK PAGE YOU MUST INCLUDE DATES AND NUMBER OF TIMES USED.

9. ORGANIZATION MEMBERSHIP

A. ARE YOU NOW, OR HAVE YOU EVER BEEN, A MEMBER OF ANY ORGANIZATION WHICH HAS ADOPTED OR SHOWS A POLICY OF ADVOCATING OR APPROVING ACTS OF FORCE OR VIOLENCE TO DENY OTHER PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES OR THE STATE OF ARIZONA? YES NO ARE YOU NOW IN A GROUP WHICH SEEKS TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES BY ANY UNLAWFUL OR UNCONSTITUTIONAL MEANS? YES NO IF SO, EXPLAIN ON THE BACK PAGE

B. HAVE YOU EVER PARTICIPATED IN ANY DEMONSTRATION, STRIKE, PICKET LINE OR DELEGATION SPONSORED BY ANY GROUP OR ORGANIZATION AS A PROTEST MEASURE? YES NO IF SO, EXPLAIN ON THE BACK PAGE

10. MILITARY STATUS

A. SELECTIVE SERVICE NUMBER - (if unknown go to www.sss.gov)

B. HAVE YOU EVER SERVED IN THE ARMY, NAVY, MARINE CORPS, AIR FORCE, COAST GUARD, R O T C OR ANY OTHER MILITARY OR SEMI-MILITARY ORGANIZATION? YES NO IF SO, LIST EACH SERVICE PERIOD SEPARATELY.

MONTH/YEAR ENTERED	BRANCH OR ORGANIZATION	DISCHARGE DATE	TYPE OF DISCHARGE	RANK

C. LIST ALL MILITARY SERVICE NUMBERS

D. CURRENT MILITARY STATUS

E. DID YOU EVER RECEIVE ANY DISCIPLINARY ACTION WHILE SERVING IN THE MILITARY? YES NO IF YES, EXPLAIN ON THE BACK PAGE

Please answer the following question concerning the scheduling of your polygraph examination.

Occasionally, an applicant is unable to keep his/her scheduled polygraph appointment. When this occurs, we attempt to schedule another applicant into that time slot. How much notice do you require to be scheduled for a polygraph examination?

_____ Hours(s)

_____ Day(s)

IMPORTANT: NOTARIZED SIGNATURE REQUIRED

Please read statements below and sign before a notary public prior to submitting questionnaire.

I affirm that this questionnaire contains no misrepresentations or falsifications, omissions, or concealment of material fact, and that information given by me is true and complete to the best of my knowledge and belief. I am aware that statements made by me on this questionnaire are subject to later investigation. I am further aware that should any investigation disclose any misrepresentation, falsification, omission, or concealment of material fact, my application may be rejected and my name removed from the eligible lists. If already appointed, I may be dismissed.

I authorize the Mesa, Arizona Police Department to make inquiry of employers and references listed on the questionnaire regarding my integrity, reputation and character.

I realize that it is necessary for the Mesa, 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 Mesa, 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.

The undersigned further agrees to hold harmless and release from liability under any and all possible causes of legal action the City of Mesa, Arizona Police Department, their officers, agents, and employees for any statements, acts or omissions in the course of the investigation into my background, family, personal habits and reputation, and my mental and physical health in the event I am given a conditional offer of employment.

Signature of Applicant

State of _____ ,)
 :SS
County of _____ .)

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____, 20____.

Notary Public

My Commission Expires:

APPLICANT'S WAIVER OF LIABILITY AND RELEASE FORM

DATE _____ TIME _____ PLACE MESA POLICE DEPARTMENT

I, _____, in order to permit the Mesa, Arizona Police Department to make a thorough investigation of my background, employment history, health, family, personal habits, and reputation, for the purposes of determining my fitness and suitability for volunteering with the Mesa Police 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 who shall furnish any information or opinions regarding my background, employment history, health, family, personal habits or reputation. The undersigned hereby authorizes any person or legal entity who may be contacted by the Mesa, 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, employment history, health, family, personal habits, reputation, as well as information disclosed in other agencies' background investigations. I hereby release from liability and promise to hold harmless from any liability any and all persons, entities contacted by the Mesa, 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, accountant-client, and employer-employee.

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

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

This release from liability given by me to the City of Mesa and the Mesa, 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.

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

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

A PHOTOCOPY OF THIS WAIVER WILL BE VALID AS AN ORIGINAL.

Must be signed in the presence of a notary:

State of _____)
 :ss
County of _____)

Signature of Applicant

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____ 2007

Notary Public



I understand that while volunteering I will be covered by the City of Mesa Worker's Compensation policy under ARS statute 23-901.06.

Applicant's Signature:

Date _____



WAIVER TO RELEASE CONFIDENTIAL INFORMATION

(Fill in "Date", "Print Full Name" and "Signature" at bottom of page ONLY.)

DO NOT FILL IN THIS SHADED AREA - FOR OFFICE USE ONLY

I, _____, being an applicant for **VOLUNTEER/INTERN** for the City of Mesa, Arizona, do hereby give permission for _____ to release to the Mesa Police Department the information requested below:

- 1. _____ Employment
- 2. _____ Criminal
- 3. _____ Intelligence
- 4. _____ Other

DATE

PRINT FULL NAME

SIGNATURE

SECTION I - INFORMATION NEEDED TO LOCATE RECORDS (Furnish as much as possible.)

1. NAME USED DURING SERVICE (Last, first, and middle)	2. SOCIAL SECURITY NO.	3. DATE OF BIRTH	4. PLACE OF BIRTH
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5. SERVICE, PAST AND PRESENT (For an effective records search, it is important that ALL service be shown below.)

BRANCH OF SERVICE	DATES OF SERVICE		CHECK ONE		SERVICE NUMBER DURING THIS PERIOD (If unknown, please write "unknown.")
	DATE ENTERED	DATE RELEASED	OFFICER	ENLISTED	
a. ACTIVE SERVICE					
b. RESERVE SERVICE					
c. NATIONAL GUARD					

6. IS THIS PERSON DECEASED? If "YES" enter the date of death. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES _____	7. IS (WAS) THIS PERSON RETIRED FROM MILITARY SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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SECTION II - INFORMATION AND/OR DOCUMENTS REQUESTED

1. REPORT OF SEPARATION (DD Form 214 or equivalent) This contains information normally needed to verify military service. It may be furnished to the veteran, the deceased veteran's next of kin, or other persons or organizations if authorized in Section III, below. NOTE: If more than one period of service was performed, even in the same branch, there may be more than one Report of Separation. Be sure to show EACH year for which you need a copy.

- An UNDELETED Report of Separation is requested for the years _____ This normally will be a copy of the full separation document including such sensitive items as the character of separation, authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and dates of time lost. An undeleted version is ordinarily required to determine eligibility for benefits.
- A DELETED Report of Separation is requested for the years _____ The following information will be deleted from the copy sent: authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and for separations after June 30, 1979, character of separation and dates of time lost.

2. OTHER INFORMATION AND/OR DOCUMENTS REQUESTED _____

3. PURPOSE (OPTIONAL—An explanation of the purpose of the request is strictly voluntary. Such information may help the agency answering this request to provide the best possible response and will in no way be used to make a decision to deny the request.) _____

SECTION III - RETURN ADDRESS AND SIGNATURE

1. REQUESTER IS

<input checked="" type="checkbox"/> Military service member or veteran identified in Section I, above	<input type="checkbox"/> Legal guardian (must submit copy of court appointment)
<input type="checkbox"/> Next of kin of deceased veteran _____ (relation)	<input checked="" type="checkbox"/> Other (specify) _____

2. SEND INFORMATION/DOCUMENTS TO: (Please print or type. See instruction 3, below.)

3. AUTHORIZATION SIGNATURE REQUIRED (See instruction 2, below.)
 I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that the information in this Section III is true and correct.

Name: MESA POLICE HIRING UNIT
 130 N. ROBSON
 Street: MESA, AZ 85201 Apt.
 1-602-644-3301
 City: 1-800-884-5480 State ZIP Code

Signature of requester (Please do not print.) _____
 Date of this request () Daytime phone _____

LOCATION OF MILITARY RECORDS

The various categories of military service records are described in the chart below. For each category there is a code number which indicates the address at the bottom of the page to which this request should be sent.

1. **Health and personnel records.** In most cases involving individuals no longer on active duty, the personnel record, the health record, or both can be obtained from the same location, as shown on the chart. However, some health records are available from the Department of Veterans Affairs (VA) Records Management Center (Code 11). A request for a copy of the health record should be sent to Code 11 if the person was discharged, retired, or released from active duty (separated) on or after the following dates: ARMY-- October 16, 1992; NAVY--January 31, 1994; AIR FORCE and MARINE CORPS--May 1, 1994. Health records of persons on active duty are generally kept at the local servicing clinic, and usually are available from Code 11 a week or two after the last day of active duty.

2. **Records at the National Personnel Records Center.** Note that it takes at least three months, and often six or seven, for the file to reach the National Personnel Records Center (Code 14) in St. Louis after the military obligation has ended (such as by discharge). If only a short time has passed, please send the inquiry to the address shown for active or current reserve members. Also, if the person has only been released from active duty but is still in a reserve status, the personnel record will stay at the location specified for reservists. A person can retain a reserve obligation for several years, even without attending meetings or receiving annual training.

3. **Definitions and abbreviations.** DISCHARGED--the individual has no current military status; HEALTH--Records of physical examinations, dental treatment, and outpatient medical treatment received while in a duty status (does not include records of treatment while hospitalized); TDRL--Temporary Disability Retired List

4. **Service completed before World War I (before 1929 for Coast Guard officers).** The oldest military service records are at the National Archives (Code 6). Send the request there if service was completed before the following dates: ARMY--enlisted, 11/1/1912, officer, 7/1/1917; NAVY--enlisted, 1/1/1886, officer, 1/1/1903; MARINE CORPS--1/1/1905; COAST GUARD--enlisted, 1/1/1915, officer, 1/1/1929.

BRANCH	CURRENT STATUS OF SERVICE MEMBER	WHERE TO WRITE ADDRESS CODE
AIR FORCE	Discharged, deceased, or retired with pay (See paragraph 1, above, if requesting health record.)	14
	Active (including National Guard on active duty in the Air Force), TDRL, or general officers retired with pay	1
	Reserve, retired reserve in nonpay status, current National Guard officers not on active duty in the Air Force, or National Guard released from active duty in the Air Force	2
	Current National Guard enlisted not on active duty in the Air Force	13
COAST GUARD	Discharged, deceased, or retired (See paragraph 1, above, if requesting health record.)	14
	Active or TDRL	3
	Reserve	15
MARINE CORPS	Discharged, deceased, or retired (See paragraph 1, above, if requesting health record.)	14
	Individual Ready Reserve or Fleet Marine Corps Reserve	5
	Active, Selected Marine Corps Reserve, or TDRL	4
ARMY	Discharged, deceased, or retired (See paragraph 1, above, if requesting health record.)	14
	Reserve; or active duty records of current National Guard members who performed service in the U.S. Army before 7/1/72	7
	Active enlisted (including National Guard on active duty in the U.S. Army) or TDRL enlisted	9
	Active officers (including National Guard on active duty in the U.S. Army) or TDRL officers	8
	Current National Guard enlisted not on active duty in Army (including records of Army active duty performed after 6/30/72)	13
	Current National Guard officers not on active duty in Army (including records of Army active duty performed after 6/30/72)	12
NAVY	Discharged, deceased, or retired (See paragraph 1, above, if requesting health record.)	14
	Active, reserve, or TDRL	10

ADDRESS LIST OF CUSTODIANS (BY CODE NUMBERS SHOWN ABOVE) - where to write / send this form

1	Air Force Personnel Center HQ AFPC/DPSRP 550 C Street West, Suite 19 Randolph AFB, TX 78150-4721	5	Marine Corps Reserve Support Command (Code MMI) 15303 Andrews Road Kansas City, MO 64147-1207	8	U.S. Total Army Personnel Command 200 Stovall Street Alexandria, VA 22332-0400	12	Army National Guard Readiness Center NGB-ARP 111 S. George Mason Dr. Arlington, VA 22204-1382
2	Air Reserve Personnel Center/DSMR 6760 E. Irvington Pl. #4600 Denver, CO 80280-4600	6	Archives I Textual Reference Branch (NNR1), Room 13W National Archives and Records Administration Washington, DC 20408	9	Commander USAEREC Attn: PCRE-F 8899 E. 56th St. Indianapolis, IN 46249-5301	13	The Adjutant General (of the appropriate state, DC, or Puerto Rico)
3	Commander CGPC-Adm-3 U.S. Coast Guard 2100 2nd Street, SW Washington, DC 20593-0001	7	Commander U.S. Army Reserve Personnel Center ATTN: ARPC-VS 9700 Page Avenue St. Louis, MO 63132-5200	10	Bureau of Naval Personnel Pers-313D 2 Navy Annex Washington, DC 20370-3130	14	National Personnel Records Center (Military Personnel Records) 9700 Page Avenue St. Louis, MO 63132-5100
4	Headquarters U.S. Marine Corps Personnel Management Support Branch (MMSB-10) 2008 Elliot Road			11	Department of Veterans Affairs Records Management Center P.O. Box 5020 St. Louis MO 63115-5020	15	Commander CGPC-Adm-3 U.S. Coast Guard 2100 2nd Street, SW Washington, DC 20593-0001