

Arizona State University Police

Volunteer & Internship Application

Application Type: Volunteer: Internship:

applicant information

Name: _____
Last First Middle

Address: _____
Number Street City State Zip Code

Date of Birth (MM/DD/YYYY) _____ Social Security Number (xxx-xx-xxxx) _____

Home Phone: _____ Email address _____

Mobile Phone: _____ Other Contact Info: _____

Other Phone: _____

Please list and explain any other names you have used:

skills & qualifications

Language proficiencies: _____

Special skills, training, interests or hobbies: _____

Previous volunteer or internship experience: _____

availability

Days available for volunteer or internship work Sun Mon Tue Wed Thur. Fri Sat

Preferred hours per day: _____ to _____

military

Are you a veteran? Yes: No:

Branch: _____ Date Entered: _____ Date Separated: _____

Duty / specialized training: _____
Honorable Discharge: Yes: No:

education

You must attach a copy of your transcripts if applying for an internship.

	Institution Name	Years Completed	Field of Study	Graduate or degree
High School				
College / University				
Business / Technical				
Additional				

Are you currently enrolled as a student at Arizona State University?
Enrollment type:

Yes:
Graduate: No:
Undergraduate:

Declared major or course of study: _____

employment history

Work Experience (most recent first):

PLEASE PRINT CLEARLY

Employer Name	Mailing Address	Job Title	From / To

driving history

(Please use the Continuation Sheet if additional space is needed, indicating the question number you are clarifying.)

Arizona Driver's License Number: _____ **You must attach a photocopy of your valid driver's license.**

1.) Has your driver's license ever been suspended? Yes: No:

2.) Explain any citations:

Do you have reliable transportation: Yes No

Current auto insurance carrier (name of company): _____

criminal history questionnaire

(Please use the Continuation Sheet if additional space is needed, indicating the question number you are clarifying.)

3.) Have you ever committed a felony or misdemeanor? Yes No

If yes, explain: _____

4.) Have you ever been arrested and/or convicted of a felony or misdemeanor? Yes No

If yes, explain: _____

5.) Is there anything in your past which might disqualify you? Yes No

If yes, explain: _____

emergency contact

In case of emergency, please contact:

Name: _____ Phone: _____

Relationship to Applicant: _____ Do you have medical insurance? Yes No

Name of medical insurance provider (optional): _____

personal references

List two personal references, other than family, who have known you well for at least the past 2 years:

Name		
Address		
City	State	Zip
Phone Number		
Relationship		

Name		
Address		
City	State	Zip
Phone Number		
Relationship		

As a candidate for a volunteer or internship position with the ASU Police Department, I am willing to furnish any information necessary for determining my qualifications. In this regard, I authorize release of any and all information concerning me, including information of a confidential or privileged nature, as is necessary to evaluate my qualifications for a volunteer or internship position.

I understand that for security reasons a background investigation, including a polygraph, will be conducted and I will be fingerprinted. I understand that this information will be used for the specific purpose of evaluating my qualifications for a volunteer or internship position. I understand that falsifying statements on this application or during the interview process is cause for my immediate dismissal from the Arizona State University Police Department Volunteer and Internship Program.

I understand that information I provide in this application will be verified on the polygraph examination.

Applicant signature

Date

Arizona State University Police Department
Illegal Use of Drugs / Controlled Substances Questionnaire

**FAILURE TO ANSWER ALL OF THE FOLLOWING QUESTIONS IN
 DETAIL MAY DISQUALIFY YOUR APPLICATION**

Type of Drug	Have you ever tried?	How many times after age 18?	Date first used:	Date last used:	Have you ever sold, smuggled or transported for sale or personal gain?
Marijuana	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
Hashish	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
Cocaine / Crack	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
Methamphetamine / Speed	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
Heroin	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
Opium	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
Morphine	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
LSD / Acid	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
Peyote	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
Mescaline	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
Steroids	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
Any other illegal drugs	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
Illegal use of prescription medications	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered "Yes" on any of the areas listed above, please provide a full explanation on the Continuation Sheet. Include, if applicable, the following information:

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

I hereby certify that this entire application was completed by me and all statements contained herein are true and complete to the best of my knowledge. I understand that omissions or misstatements may be cause for rejection of this volunteer application and make me ineligible as a police volunteer or intern. I understand that this information is subject to verification by any federal, state, and local agencies.

Applicant's Name (Print)

Applicant's Signature

Date

**Arizona State University Police Department
Automatic and Discretionary Disqualifier Questionnaire**

**FAILURE TO ANSWER ALL OF THE FOLLOWING QUESTIONS IN
DETAIL MAY DISQUALIFY YOUR APPLICATION**

AUTOMATIC DISQUALIFIERS

ASU Police Department will automatically disqualify any individual who answers "Yes" to any of the following questions. **Please read and answer the following automatic disqualifiers:**

<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been convicted of a felony or any offense that would be a felony if committed in Arizona?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever sold, produced, cultivated, or transported marijuana, narcotics or dangerous drugs?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been untruthful during any stages of the volunteer application process?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you falsified your questionnaire or application?

If you answered "YES" to any of these questions please withdraw your application from consideration.

DISCRETIONARY DISQUALIFIERS

The following disqualifiers may, upon review by the ASU Police Department, make you ineligible to become a Department volunteer. **Please read and answer the following discretionary disqualifiers:**

<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever abused prescription medication and/or FDA approved over-the-counter preparations?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever used any hallucinogenic drug including hallucinogenic mushrooms (except during religious ceremonies)? Hallucinogenic drugs also include LSD.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever used any type of illegal drugs or narcotics after the age of 18 years? <i>Examples of a illegal drug or narcotic drug would be, but is not limited to: cocaine, crack, marijuana etc.; Methamphetamine (Crystal Meth or speed of any kind); Anabolic Steroids (after 1994), except prescription only or FDA approved over-the-counter preparations.</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever used any type of illegal drugs or narcotics before the age of 18 years?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you engaged in unlawful sexual misconduct?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever had excessive traffic violations?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been involved in the commission of a felony?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you received a discharge from the United States armed forces that was other than an honorable?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you demonstrated an unwillingness to honor fiscal contracts or just debts?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you engaged in any other conduct or pattern of conduct that would tend to disrupt, diminish, or otherwise jeopardize public trust in the profession?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Had your Arizona Driver's license suspended as a result of excessive traffic violations or any other act that would automatically suspend your driver's license or received a suspended driver's license from another state as a result of similar circumstances?

If one or more of these disqualifiers pertains to you, be prepared to fully disclose the facts, circumstances, or details as part of a thorough background investigation and polygraph phase of the selection process.

I certify that I have read and understand the Automatic and Discretionary Disqualifiers associated with the ASU Police Department volunteer and internship program.

Applicant's signature	Date
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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, 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 as a volunteer with the ASU 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 ASU Police Department, Personnel Division and/or ASU Human Resources 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 of Applicant

Date

Sworn and Subscribed before me this _____ Day of _____, _____

By: _____

State of: _____ County of: _____

Signature of Notary Public: _____

Notary Stamp:

Police Department
PO BOX 871812, Tempe, AZ 85287-1812
an internationally accredited law enforcement agency

continuation sheet

Please indicate the number of the question you are clarifying.