



FLORENCE POLICE DEPARTMENT

Community Engagement Unit
425 N. Pinal Street, Florence, AZ 85132
520-868-7681 • florenceaz.gov/police
Bruce Walls, Chief of Police

Volunteer Application Form

Name: _____ Date: _____

Date of Birth: _____ Social Security Number: _____

Address: _____

Drives License #: _____ State: _____ Expiration Date: _____

Home Phone: _____ Cell/Work: _____

Email address _____

Previous Address(es) for the last five years:

Past Occupation:

Current Employer: _____ City & State _____ Phone #: _____

High School Diploma or G.E.D.? Yes - No College or University: Yes - No

If yes, College or University name: _____ Degree/Major: _____

Military Service: Yes No Branch: _____ Discharge Date: _____

References

BESIDES family members - List three (3) individuals you have known for at least five (5) years.

Name

Phone #

City / State

1. _____

2. _____

3. _____

In case of emergency, whom should we contact?

Name: _____ **Phone #** _____ **Relationship:** _____

Address: _____ **City & State** _____

Any previous Law Enforcement experience? If yes, please explain below. **Yes** **No**

Any previous Volunteer experience? If yes, please explain below. **Yes** **No**

Please write down the days and times you are available to volunteer:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							