

# Sun City West



Posse

Non-patrolling Posse member

## Membership Application

Sun City West Posse

20450 Stardust Blvd.

Sun City West, AZ 85375

Phone: 623-584-5808

Email: [commander@spscw.net](mailto:commander@spscw.net)

### ROUTING OF APPLICATION

2. Enter into Intellicorp

3. Commander Approved

4. Tour completed - sign

5. HR for file

6. Photo Department completed - sign

**Applications that are taken can be found on Caren's desk in HR – Routing done in order 1-5 until completed.**



# Sun City West Posse

## MEMBERSHIP APPLICATION

### REQUIREMENTS:

The Sheriff's Posse of Sun City West requires:

- Applicants must be a **RESIDENT** (at least 6 months in calendar year) of Sun City West/Corte Bella
- **Vaccination against COVID 19, no longer required. If asked may be required to wear mask. Vaccinated or not vaccinated.**
- Have **NO FELONY** convictions
- Be in **REASONABLY GOOD HEALTH**
- Have **GOOD COMMUNICATION SKILLS**
- Be a **UNITED STATES CITIZEN**
- All applicants must pass a **BACKGROUND** check

### GENERAL INFORMATION:

1. The Posse is a working group and not a social organization.
2. Service with the Posse is strictly voluntary, without remuneration.
3. You must serve in a probationary status for six (6) months.
4. Any equipment issued to you is Posse property, and must be returned upon termination.
5. Your ID card is Posse property, and must be returned upon termination.
6. You will be subject to and governed by the Posse by-laws, rules and regulations.

### AREAS OF INTEREST:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Accounting-Position Filled | <input type="checkbox"/> Finger Printing         | <input type="checkbox"/> Social Committee-Filled |
| <input type="checkbox"/> Audio/Visual               | <input type="checkbox"/> IT Department           | <input type="checkbox"/> Vacation Watch-Data     |
| <input type="checkbox"/> Automotive                 | <input type="checkbox"/> Printing/Photography    | <input type="checkbox"/> Entry-Positions Filled  |
| <input type="checkbox"/> Building/Grounds           | <input type="checkbox"/> Receptionist            |  |
| <input type="checkbox"/> Data Processing/Entry      | <input type="checkbox"/> Scheduling Posse-Filled |  |



# Sun City West Posse

## MEMBERSHIP APPLICATION

NAME (print): \_\_\_\_\_ SPOUSE: \_\_\_\_\_  
(PLEASE ADD MIDDLE NAME)

ANY OTHER NAME USED (print): \_\_\_\_\_  
(MAIDEN NAME PLEASE ADD MIDDLE NAME)

\_\_\_\_\_  
(PLEASE ADD MIDDLE NAME)

ADDRESS: \_\_\_\_\_, SUN CITY WEST (SCW)

SCW PHONE: (\_\_\_\_) \_\_\_\_-\_\_\_\_ CELL PHONE: (\_\_\_\_) \_\_\_\_-\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ @ \_\_\_\_\_ . \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/19\_\_ SOC. SEC: SEE BACKGROUND AUTHORIZATION

OTHER D OF B USED: \_\_\_\_/\_\_\_\_/19\_\_

FORMER OCCUPATION: \_\_\_\_\_

Physical Condition (check one): \_\_\_Excellent \_\_\_Good \_\_\_Fair

Are you a permanent resident of SCW? (check one) \_\_\_Yes \_\_\_No

How many months are you here? \_\_\_\_\_

Do you have a valid Arizona driver's license? (check one) \_\_\_Yes \_\_\_No

D. L. # \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Other Valid driver's license used

### SKILLS:

Computer: Word Proficiency ( ) none ( ) Minimal ( ) Average ( ) Excellent  
Excel Proficiency ( ) none ( ) Minimal ( ) Average ( ) Excellent

IT Experience: Programming ( ) other skills \_\_\_\_\_

Please list any special skills, ability or interest: \_\_\_\_\_

\_\_\_\_\_

Briefly explain why you want to join the SCW Posse: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/20\_\_\_

Administrative Shifts: Monday – Friday ( ) 0800-1200 ( ) 1200-1600

If you will be driving a Sun City West Posse car as part of your Posse duties; you will need to bring the following:

When returning completed application you will need to bring:

1. Copy of valid U.S. driver's license front and back.
2. Driving record – you can obtain this paperwork from the DMV. (at DMV go to the front desk have D.L., and credit card or cash - cost \$5) We need a current and past driving record. This is for insurance purposes.
3. Copy of S.S. card

**CONFIDENTIALITY STATEMENT:**

I understand that if I become a Member of the Sun City West Posse, any information I receive in my duties will be held in confidence and will not be divulged to anyone unless need-to-know by Maricopa County Sheriff's Office/Posse to perform their duty. Sheriff's Posse Program GJ-27 #10 A&B.

Additionally, I understand that previous to acceptance of my application a background check will be conducted using my Social Security number and other information obtained in this application in order to protect the confidentiality of all information regarding commercial businesses, residents and fellow posse members of Sun City West. My signature below authorizes the Sun City West Posse to conduct background verification.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (print): \_\_\_\_\_

Witness: \_\_\_\_\_ Posse/Member #: \_\_\_\_\_

----- DO NOT WRITE BELOW THIS LINE -----

Fingerprints taken: \_\_\_\_\_ (date) Processed by (Posse/Member#): \_\_\_\_\_

Sent to verify: \_\_\_\_\_ (date) Processed by (Posse/Member#): \_\_\_\_\_

Verify received: \_\_\_\_\_ (date) Approved by (Posse/ Member #): \_\_\_\_\_

Date accepted: \_\_\_\_\_ (date) Approved by (Posse/ Member #): \_\_\_\_\_

Background taken: \_\_\_\_\_ (date) Processed by (Posse/ Member #): \_\_\_\_\_

Sent to verify: \_\_\_\_\_ (date) Processed by (Posse/ Member #): \_\_\_\_\_

Verify received: \_\_\_\_\_ (date) Processed by (Posse/ Member #): \_\_\_\_\_

Date accepted: \_\_\_\_\_ (date) Approved by (Posse/ Member #): \_\_\_\_\_

Department Head acceptance: \_\_ Yes \_\_ No \_\_\_\_\_ (signature)

\*Commander acceptance: \_\_ Yes \_\_ No \_\_\_\_\_ (signature)

(\* ) If not accepted, provide brief explanation (use back of paper if needed): \_\_\_\_\_

Personnel Records Input/Retention: \_\_\_\_\_ (date)

## **COMMUNICATIONS**

### **Sworn and Member Dispatcher**

Dispatch is the heart beat of all normal operations of daily patrol activities. They are responsible for dispatching patrol cars to assist in various situations. They are responsible for logging all transactions in the field, phone calls from citizens, hospital and Maricopa County Sheriff Office (MCSO). They work in conjunction with the Duty Officer and Officer of the Day. They must be able to multi-task and handle emergency situations.

**All information on residents, phone numbers, addresses, etc. is confidential and NOT TO BE GIVEN OUT. A request from MCSO is an exception to that rule. If a MCSO deputy requests information on residents or businesses in Sun City West, verify request with their name and serial number.**

Sworn/Member Dispatchers are required to attend in-house Advanced training course, consisting of six (6) classes: two (2) AM, two (2) Noon, two (2) PM shifts. The second noon shift will be with the Communications Officer who will also administer the final exam.

Each Dispatcher is required to sign a confidentiality form, attend all semi-monthly meetings led by the Communication Officer. All new Dispatchers are required to work four (4) shifts a month.

Sworn/Member Dispatchers will be in uniform at the start of their shift. No Dispatcher shall wear a uniform outside of the office, unless coming into work.

**DUTY PLEDGE:** As a Sworn/Member Dispatcher of the Sun City West Posse, in accordance with the minimum service expected of a Sworn/Member Dispatcher, I (**NAME**), hereby agree to service four (4) shifts per month as a Sworn/Member Dispatcher, and attend Dispatch meetings as scheduled.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (print): \_\_\_\_\_

Witness: \_\_\_\_\_ Posse/Member # \_\_\_\_\_

## NEW VOLUNTEER ORIENTATION

(TO BE COMPLETED BY DEPARTMENT HEAD BEFORE TRAINING BEGINS)

X	Tour Item
	1. TOUR – Department Head or Member Guide escorts new Member on building tour, making personnel introductions.
	2. SCHEDULING ROOM – Explain shifts of patrols, dispatchers and vacation watch.
	3. BRIEFING ROOM – Explain procedure of patrol car/dispatch briefing.
	4. DISPATCH – Explain area (2 radios, 911 procedures, reason for QUIET, etc.)
	5. KITCHEN AREA – Coffee, water, refrigerator, vending machines, etc.
	6. RESTROOMS – Location of all restrooms
	7. PARKING – Front area for visitors and residents for completing forms, etc.
	8. ENTERING/EXITING BUILDING – Card or Punch-in ( <b>Access only during working hours</b> ) <b>Office hours M-F 8-12 and 12-1600(4PM) if open on Sat. 8am-12noon. Closed on Holidays</b>
	9. PROPER ATTIRE – according to job function <ul style="list-style-type: none"> <li>a. Reception (Grey) and dispatch (Grey) wear polo shirts</li> <li>b. Posse members follow SCW Sheriff uniform guidelines</li> </ul>
	10. TIME SHEETS – Log training and hours worked <ul style="list-style-type: none"> <li>a. Show where time sheet forms are located</li> <li>b. Describe how to complete log sheet</li> <li>c. Submit time sheets monthly to Personnel</li> </ul>
	11. GENERAL MEETING <ul style="list-style-type: none"> <li>a. Location</li> <li>b. Date – 3rd Tuesday of month</li> <li>c. Time – 9:00a (coffee and pastries) (9:30a (meeting))</li> </ul>
	12. REVIEW JOB FUNCTION – Department Head conducts review of job function
	13. TRAINER – Department Head introduces new volunteer

Additional information:

---

Signatures:

\_\_\_\_\_

New Posse Member

\_\_\_\_\_

Date

\_\_\_\_\_

Member Guide (Review 1-11)

\_\_\_\_\_

Date

\_\_\_\_\_

Department Head (ALL AREAS)

\_\_\_\_\_

Date

July 24, 2023

