



Azusa Police Department
725 N. Alameda Avenue, Azusa, CA 91702
(626) 812-3200 AzusaPD.org



Dispatch Sit-Along Program

The Azusa Police Department encourages applicants for the position of dispatcher to participate in our sit-along program. The program is designed to provide applicants an opportunity to observe police department dispatch operations and procedures.

Participation in the program requires that you:

- Be a resident, a student, applicant, or employed in the city of Azusa.
- Be a least 16 years of age. (Parent or guardian's signature required).
- Have no criminal record.
- Have no medical restrictions that might jeopardize your safety or the safety of department personnel.
- Be neat and clean in appearance when you arrive for your sit-along. *Casual attire is acceptable.*

Applicants may participate in the sit-along program only once every six months. All applicants are subject to a security check, prior to approval. Applicants are also subject to cancellation by the operations supervisor, and may be disqualified without cause.

Please complete the attached application and return it to the Azusa Police Department at 725 N. Alameda Avenue in Azusa. If you have any questions, please contact the communications bureau supervisor at (626) 812-3200.

Additional copies of this application can be downloaded from our website at azusapd.org.

Please complete the following fields. Print or type is acceptable.

Name (first, middle, last) _____

Driver License _____ State _____ Date of Birth _____ Age _____

Home Address _____ No. _____ City _____ Zip _____

Home phone () _____ - _____

Employer _____ Occupation _____

Work Address _____ No. _____ City _____ Zip _____

Work phone () _____ - _____ Ext. _____

Preferred Day: *(Circle one)*

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Preferred 4 hr block: *(Circle one)*

(8:00 A.M. to 12 P.M.) (1:00 P.M. to 5:00 P.M.) (6:30 P.M. to 10:30 P.M.)

Medical restrictions:

I am interested in a sit-along in Azusa because:

Do not sign this form prior to delivering it to the Azusa Police Department. It must be signed in the presence of a member of the department.

I declare under penalty and perjury that the above information is true and correct. I do not have a criminal history and I authorize the City of Azusa Police Department to conduct a security background check, which includes: State Criminal History, Azusa Police Dept. contacts, Drivers License and Wants and Warrants check.

I understand that the above information is to insure the safety of department personnel.

Date

Signature

If under the age of 18, the parent or guardian must be present when delivering this form, as well as sign the below section:

Parent/Guardian Name: _____

Date

Signature

DO NOT WRITE BELOW THIS LINE

This section to be completed by the Azusa Police Department.

Applicant Name: _____ Date of Birth: _____

System	Record	No Record	Notes
Azusa Local Check			
RAPS			
Driver History			
Wants/Warrants			
CAD Address Query			

Records Checked By: _____ Date: _____

Sit-Along Scheduled By: _____ Date: _____

Approved By: _____ Date: _____