



**VIPS**

## APPLICANT'S INTERVIEW

Applicant's Name \_\_\_\_\_ Date \_\_\_\_\_

1. Tell us about your background. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What are your skills? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. What are your interests? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Why do you want to volunteer for the Police Department? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Do you know of anything in your background that could eliminate you from being a Police Volunteer? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. How much time can you give the Program? \_\_\_\_\_  
\_\_\_\_\_

7. Do you have any questions? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. What are your perceptions of the Volunteer Program? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Do you know anything about Community Involved Policing? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

We will be contacting you based on your skills and department's needs for further processing in the background phase.





## EMPLOYMENT RECORD

List your current or most recent experience.

From:	<b>EMPLOYER</b>	<b>POSITION/TITLE</b>	Hours per week
To:			
Name of Supervisor	Address	City	State    Zip

Duties: \_\_\_\_\_

May we contact your current employer? Yes \_\_\_\_\_ No \_\_\_\_\_

## REFERENCES

Name:

Phone:

1. \_\_\_\_\_
2. \_\_\_\_\_

## VOLUNTEER'S ACKNOWLEDGEMENT

1. I am a volunteer donating my time, services, and energies to the City.
2. I understand and acknowledge I will receive no salary, remuneration or benefits extended to the employees of the City except for coverage under the City's Workers Compensation Plan for any injury sustained in the course of performing these services.
3. I, hereby, release the City, its officers, agents, and employees from any and all liability, claims, cause of action, or actions, arising out of or occasioned by bodily injuries or property damages sustained by me as a result of my volunteer services to the City, except as otherwise provided under Workers Compensation law, and agree to indemnify and hold harmless the City for such liability, claim, cause of action or actions.
4. I, further, state that I have carefully read the foregoing release and indemnity agreement and know the contents thereof, and sign this instrument as my own free accord.

Volunteer's Signature \_\_\_\_\_ Date \_\_\_\_\_

In case of emergency, contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

## PARENTAL CONSENT

(If under 18 years of age)

I have reviewed the volunteer application and registration forms and give my consent for \_\_\_\_\_ to participate in the volunteer program, subject to the terms and conditions set forth.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_