

VIP OFFICE

329-0115

Volunteers In Policing Application Process

VIP OFFICE

329-0115

(Please fill out completely or the application will not be processed) Participation in other Palatka Police Department programs does not guarantee acceptance to the VIP program.

Step 1: Application

Complete application (Release of Personal Information Form must be notarized) and return to:

**Volunteer Coordinator
Palatka Police Department
110 North 11th Street
Palatka, FL 32177**

Step 2: Application Review

Your application will be reviewed by the VIP staff. Complete all areas of the application, designating N/A where applicable.

Incomplete applications cannot be processed.

Step 3: Character Reference

Four (4) reference forms will be mailed to the individuals you have provide on the application. Failure to provide complete address information will result in the application being denied. **Character references must be returned within thirty (30) days from the date of mailing by VIP staff. Contact the VIP office at 329-0115 to check on the status approximately 2 1/2 weeks after you submit your application.**

Step 4: Interview and Fingerprint

Applicants successfully completing the previous process will be contacted by VIP staff to establish a time for an interview with the coordinator and fingerprinting

Step 5: Acceptance or Non-Acceptance

All applicants will be notified by mail of their acceptance or non acceptance to the program.

Please note under “Terms and Signature” section of the application, an applicant will release the Palatka Police Department from providing a reason for denial to the program.

Upon acceptance, applicants will be required to attend an Orientation Session.

The Palatka Police Department appreciates your interest in service and commends your spirit to volunteer.



Palatka Police Department Volunteers in Policing Application



Please fill out completely or the application will not be processed. If any section does not apply to you, please indicate by writing "N/A".

PERSONAL INFORMATION:

Last Name	First Name	Age	Social Security #	Date of Birth
Home address:	City	Zip	Place of Birth	
Home Phone:	Business Phone:		Other names used:	
Previous Address(s) Last Five Years				

CRIMINAL HISTORY AND DRIVING RECORD:

Florida Drivers License Number	Has your license ever been suspended or revoked: Yes No
Have you ever been convicted of a crime? Yes If yes, please explain:	No
Traffic citations and accidents for the past two years:	

REFERENCES

References: **NO NOT USE FAMILY MEMBERS AS REFERENCES.** List four (4) individuals you have known for at least 5 years. (Please list name, complete address with zip code, and telephone number)

Name	Address	Zip Code	Phone #
1.			
2.			
3.			
4.			

EDUCATION BACKGROUND AND MILITARY EXPERIENCE

Please check highest level of education completed:		College Study Degree
Some High School	High School Diploma	
	Some	

High School Attended:		College Attended:	
Military Service Branch:	Rank:	Time Served:	Date Discharged:
EMPLOYMENT HISTORY: (Please fill out completely) If you are retired please note "Not Applicable"			
Current Employer:	Occupation:	From Date:	To Date:
Business Address: (Including city state, and zip code)		Phone Number:	
Employment for past five years (Please include firm name, address, supervisor, dates):			
1.			
2.			
3.			
4.			
Tell us a little about you...			
What are your hobbies and interests?			
Have you volunteered before? If so, with what organization and list duties / activities?			
Do you prefer an office setting? List other preferences here.			
Please briefly state why you wish to volunteer your time to the Palatka Police Department. (Use other sheet if necessary) <i>This question must be answered.</i>			

EMERGENCY INFORMATION:

In case of emergency, please notify:

Name: (Below)

Address: (Below)

Relationship: (Below)

Phone Number: (Below)

Daytime #:

Evening #:

TERMS AND SIGNATURE

As a volunteer with the Palatka Police Department, I am willing to furnish information for use in determining my qualifications.

I understand that for security reasons a basic clearance check/background will be conducted and I will be fingerprinted. Further background information will be requested only if a specific volunteer assignment calls for a full security check.

I understand that falsifying statements on this application or during the interview process is cause for my immediate dismissal from the Volunteers In Policing program.

I understand that the Palatka Police Department will not disclose any of my personal information to any outside entity without my written consent.

I understand that the Palatka Police Department will not have to disclose the reason, if any, for not being selected to the program.

In signing, I do hereby certify that all information contained in this application is correct and accurate to the best of my knowledge. I further authorize the Palatka Police Department to verify criminal history and driving records as part of the background process. If accepted to perform volunteer duties for the Palatka Police Department, I understand I may be privy to confidential information and promise to respect and maintain all that confidentiality whenever presented with it.

Signature:

Date:

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I respectfully request and authorize you to furnish the Palatka Police Department any and all information that you may have concerning me, or my reputation. This includes, but is not limited to, the following information:

- Employment Record (dates of employment, attendance, performance, etc.)
- Polygraph Examination Results
- Criminal Records and Reports
- Education Records
- Military Records (disciplinary action)
- Information of a confidential nature or information considered as Privileged and photostats of same, if requested.

I hereby direct you to release such information upon request of bearer.

This information is to be used to assist the Palatka Police Department in determining my acceptance as a "Police Volunteer".

I hereby release you, your organization or anyone furnishing such information from any and all liability for damages of whatever kind or nature which may at any time result in harm to me from furnishing the information requested above on account of compliance or attempts to comply with this authorization.

A photocopy reproduction of this request shall be for all intents and purposes as valid as the original. This form may be retained in your files.

Printed Name

Signature of Applicant

Alias/Maiden Name

Date

Address

City, State Zip Code

Date of Birth Social Security Number

Race / Sex DL's and State

SUBSCRIBED AND SWORN TO BE ME on this the _____ day of _____, 20 ____.

(seal)

Notary Public

My Commission Expires:

VOLUNTEERS IN POLICING

AGREEMENT AND RELEASE OF LIABILITY

I seek the opportunity to become a volunteer in the Palatka Police Department's Volunteers in Police Service (VIPS) Program for the City of Palatka, Florida, and learn about municipal government functions through active participation in government activities. I understand that I will not be paid for my time or services, I am not officially an employee of the City of Palatka, and I may not represent myself as anything other than a volunteer.

I understand that in the course of my work, I may obtain or be presented with confidential information, particularly during any work within the Palatka Police Department. I agree to keep confidential any and all knowledge I may have regarding any cases, prisoners, victims, or any other information of any kind, including documents and information declared by law to be confidential.. I understand that violation of this agreement could jeopardize an investigation as well as the safety of myself and/or others. I will not discuss any aspect of the department's work with anyone other than police department personnel. I agree to indemnify the City of Palatka and its employees for any judgment or settlement of a claim based upon the unauthorized release or dissemination of confidential documents or information by the undersigned.

I understand that only official representatives of the City of Palatka are authorized to make statements to the media, and I agree not to make any statements to the media concerning information I have obtained during or as a result of my volunteer work.

I understand that I will be under the command and direction of the Palatka Police Department. I will maintain a valid Florida Driver's License and make the Volunteer Coordinator(s) aware of any changes to the information provided in my application for a volunteer position in the Palatka Police Department VIPS Program. I will complete all required training sessions, participate in VIPS meetings, and be available for non-law enforcement duties as delegated by the Palatka Police Department to the best of my abilities.

In consideration of this opportunity, I acknowledge, understand, and accept all risks that I may be exposed to during the course of volunteer work, and I agree on behalf of myself, my family, and my heirs, to waive any and all claims, causes of action, and/or damages of any kind or nature, including but not limited to any unforeseen personal injury, including death, or other losses or damages, against the City of Palatka, Florida, its employees, agents, or Officers, which may arise out of or in connection with any aspect of my volunteer work for the City of Palatka, Florida.

I am seeking the opportunity to become a volunteer for the City of Palatka voluntarily, and no promises, agreements, or other inducements have been made. I understand that the City of Palatka will rely on this statement by me, and that the terms of this agreement are contractual in nature, and specifically designed to protect the City of

Palatka, its employees, agents, and officers. I understand that I may terminate my agreement at any time and that the City of Palatka may do the same.

I have read and understand the above statement. I have obtained any legal advice I may need prior to signing this document, and I sign this document freely and voluntarily.

this _____ day of the month of _____, 20 _____.

Signature: _____

Name (Print): _____

STATE OF FLORIDA }

COUNTY OF PUTNAM }

On this _____ day of the month of _____, 20 _____.

Before me personally appeared _____

Known to me to be the person names herein and who executed the VOLUNTEER AGREEMENT AND RELEASE OF LIABILITY and who acknowledge to me that he/she knowingly and voluntarily executed the same.

My commission expires: _____

Notary Public: _____

SIGNATURE OF PARENT OR GUARDIAN IF VOLUNTEER IS A MINOR
