

## Volunteer In Police Services (VIPS) Application

It is the policy of the City of Sequim and the Sequim Police Department to provide volunteer opportunities without regard to any individual's sex, race, religion, national origin, pregnancy, age, marital status, medical condition, or disability.

**INSTRUCTIONS:** Please print or type all information. Answer all questions, leaving no item blank. If an item does not apply, write N/A (not applicable) in the space for your answer. Because of the confidential nature of working in a law enforcement agency, all statements made on this application are subject to verification, including your driver's license and employment history. Please inform your references that they will be contacted.

Please return the completed form to the Sequim Police at 152 W. Cedar St., Sequim, WA 98382.

PERSONAL INFORMATION		
Name: (Last, First, Middle)	Date of Birth:	Driver's License Number:
Address:		City/Zip:
Home Phone:	Work Phone:	Cell Phone:
Email Address:		
Other Names Known By:	Social Security Number:	
Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No  Do you have a legal right to Work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you previously been employed by the City of Sequim? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, job title/dept. _____  Dates employed: _____ to _____ (month/year)	
Do you authorize the City of Sequim Police Department to investigate your driving record? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been convicted of or are you presently charged with a crime, other than minor traffic violations? <input type="checkbox"/> Yes <input type="checkbox"/> No      If Yes, Explain: _____		

**EDUCATION**

High School attended: _____ City: _____ State: _____	Date of graduation from high school: _____ Or GED received date: _____
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Colleges/Universities/Trade Schools/Military Schools Attended			
Name and location	Years attended	Major field of study	Degree/Cert.

**RESIDENTIAL HISTORY (All addresses you've resided at in the last ten years - begin with the most recent.)**

Address: _____	City/Zip: _____
Dates of Resident from (year): _____ to _____	
Address: _____	City/Zip: _____
Dates of Resident from (year): _____ to _____	
Address: _____	City/Zip: _____
Dates of Resident from (year): _____ to _____	
Address: _____	City/Zip: _____
Dates of Resident from (year): _____ to _____	

**EMPLOYMENT HISTORY (All employment held during the last ten years - begin with your most recent position. If none within the last ten years, list your last two employers)**

Employer: _____ Telephone number: _____ Job title: _____ Supervisor: _____ Employed from (year): _____ to _____ May we contact your Supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	Job duties and responsibilities: _____ _____ _____ _____ _____
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Employer: _____ Telephone number: _____ Job title: _____ Supervisor: _____ Employed from (year) _____ to _____ May we contact your Supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	Job duties and responsibilities: _____ _____ _____ _____ _____
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Employer: _____ Telephone number: _____ Job title: _____ Supervisor: _____ Employed from (year) _____ to _____ May we contact your Supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	Job duties and responsibilities: _____ _____ _____ _____ _____
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<b>COMPUTER SKILLS (Summarize your computer experience and software skill level(s) )</b>	
_____ _____ _____ _____ _____ _____	

<b>HOBBIES/SKILLS (Summarize your hobbies and other skills)</b>	
_____ _____ _____ _____ _____	

**REFERENCES**

List name, address, phone number, and email address of three references who are not relatives.

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Home address: \_\_\_\_\_

Email address: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Home address: \_\_\_\_\_

Email address: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Home address: \_\_\_\_\_

Email address: \_\_\_\_\_

*Notice to applicant: Pursuant to the Washington Public Disclosure Act, this form constitutes a public record and is subject to public release upon request. Under Chapter 42.56 RCW, the residential addresses and telephone numbers of the volunteers may be redacted from any such disclosure.*

To the best of my knowledge, the information herein is true and complete. I understand that falsification of this application is grounds for dismissal as a volunteer. Further, I give permission for an authorized representative of the City to conduct a state patrol criminal background check in accordance with the requirements of law and to inquire of individuals about my ability to perform all aspects of the volunteer position for which I am being considered, and I release the City of Sequim and those individuals/institutions that provide information from any liability that may arise from the provision of this information.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_