

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 Street, Sequim, WA 98382, or by email to vormand@sequimwa.gov.

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:		
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 accepted as a VIPS, are you willing to take a drug screening test? <input type="checkbox"/> Yes <input type="checkbox"/> No		

EDUCATION

High School attended:

City:

State:

Date of graduation from high school:

Or GED received date:

Colleges/Universities/Trade Schools/Military Schools Attended

Name and location	Years attended	Major field of study	Degree/Cert.

EMPLOYMENT HISTORY (List all employment held during the last ten years. Begin with your most recent position.)

Employer: _____

Telephone number: _____

Job title: _____

Supervisor: _____

Employed from (year): _____ to _____

May we contact your Supervisor? Yes No

Job duties and responsibilities:

Employer: _____

Telephone number: _____

Job title: _____

Supervisor: _____

Employed from (year) _____ to _____

May we contact your Supervisor? Yes No

Job duties and responsibilities:

Employer: _____

Telephone number: _____

Job title: _____

Supervisor: _____

Employed from (year) _____ to _____

May we contact your Supervisor? Yes No

Job duties and responsibilities:

COMPUTER SKILLS (Summarize your computer experience and software skill level(s))

HOBBIES/SKILLS (Summarize your hobbies and other skills)

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: _____

Authorization to Release Information



Name of Applicant _____
Please print your full name

Address _____

As an applicant for acceptance into the Sequim Police Department Volunteers in Police Service (VIPS), I am required to furnish information for use in determining my qualifications and suitability. I realize that the Sequim Police Department will not release the information provided to them to any person, including myself. The information submitted to the Sequim Police Department is confidential and will be used only for investigating my suitability for acceptance into the program.

Toward this end, I authorize the release of any and all information that you may have concerning me, including information of a confidential or privileged nature. I hereby authorize all of my previous employers, friends, acquaintances, public agencies, and all others, to furnish to the Sequim Police Department, any and all information they may have concerning me.

I hereby release you, your organization, or others, from liability or damage that may result from furnishing the information requested. I further authorize that a photocopy of this form shall be, for all intents and purposes, as valid as the original. I authorize you to retain a copy of this form for your files.

This release is valid for any information supplied within one year of the date of my signature, or until revoked by me.

Dated this _____ day of _____, 20__.

Signature of applicant

Subscribed and Sworn to before me the _____ day of _____, 20__.

Notary Public in and for the County of Clallam,

State of Washington. _____
Notary Public