



Volunteer in Police Services Application

Date of Application: _____

Full Name: _____ Are you over 21: Yes No

Street Address: _____ City: _____ Zip Code: _____

Phone Number: _____ Alternate phone number: _____

Email Address: _____

Driver's License number: _____ Expiration Date: _____ Issuing State: _____

Are you a citizen of the United States? Yes No

Can you provide proof of your legal right to work in the United States? Yes No

Education (check all that apply): GED HS Diploma Some College AA/AS degree BA/BS degree

Graduate degree Trade School (type of trade : _____)

Fluent Languages (other than English): _____

The VIPS program requires each Volunteer to complete a minimum of 16 hours per month providing service to the Tracy Police Department. Are you able to meet this commitment? Yes No
(If no, how many hours can you commit _____)

The VIPS program has monthly meetings held on the first Thursday of each month at 4:00 pm. Would you have problems making the monthly meetings? Yes No

If yes, please explain: _____

Do you have any physical condition or disability that would limit your ability to perform certain volunteer assignments?
Yes No If yes, what accommodations do you need?

Current or most recent employer: _____ Supervisor: _____

Date of hire or separation from employment: _____

Address: _____ Phone number: _____

If retired, date of retirement: _____



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List any special experiences that you feel would be helpful: _____

Have you ever applied for any position in law enforcement prior to this VIPS application? Yes No If yes, please explain: _____

Availability for VIPS Duties (times): Monday: _____ Tuesday: _____
Wednesday: _____ Thursday: _____ Friday: _____
Saturday: _____ Sunday: _____

Since your 18th birthday, have you ever been convicted of a crime (misdemeanor or felony), imprisoned or placed on probation? Yes No If yes, please state the full nature of each offense, date(s) of conviction and the disposition.

Offense: _____ Date: _____ Disposition: _____
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Has your Driver's license ever been suspended or revoked? Yes No If yes, please explain and provide dates: _____

Have you received any traffic citations in the past 5 years? Yes No If yes, please explain below:
Violation: _____ Date of Citation: _____ City of Violation: _____
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As a driver of a motor vehicle, have you been involved in a traffic collision (reported or unreported) within the past 5 years? Yes No If yes, please explain: _____



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Have you ever used illegal drugs/substances, regardless if current laws deem them legal for recreational use?

Yes No If yes, please identify the drug(s) or substance(s) used and the date last used:

I HEREBY RELEASE THE CITY OF TRACY, ITS EMPLOYEES, AGENTS, OFFICERS, VOLUNTEERS, AND JOINT POWERS AUTHORITIES OF WHICH IT IS A MEMBER ("CITY"), FROM ANY AND ALL CLAIMS, DEMANDS, RIGHTS AND CAUSES OF ACTION THAT MAY ARISE FROM MY VOLUNTEER WORK WITH THE CITY, EXCEPT DAMAGES CAUSED BY THE SOLE GROSS NEGLIGENCE OR WILLFUL MISCONDUCT BY CITY.

I HEREBY CERTIFY THAT I HAVE PERSONALLY COMPLETED THIS ADMISSION APPLICATION AND ALL OF THE STATEMENTS CONTAINED HEREIN ARE TRUE AND COMPLETE. I HEREBY AUTHORIZE THE CITY OF TRACY TO INVESTIGATE ANY AND ALL INFORMATION CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT ANY FALSE OR MISSTATEMENTS OF MATERIAL FACT WILL SUBJECT ME TO DISQUALIFICATION.

Applicant's Signature: _____ Date: _____

Internal use only

Officer Receiving Application: _____ Date Application Received: _____

Officer Assigned to review application: _____ Date Assigned: _____

Applicant meets minimum requirements for interview? Yes No If no, explain: _____

Application review letter mailed to applicant- Date: _____ Officer: _____