V.I.P.S. VOLUNTEER APPLICATION

KENT POLICE VOLUNTEERS IN POLICE SERVICES

220 4th Avenue South • Kent WA 98032-5895 • (253) 856-5880 • Policevips@KentWa.gov

Personal Information:

Full Name: _____ Nickname:_____
First MI Last

Maiden/other names used: _____

Street Address: _____ City: _____ Zip: _____

E-Mail Address: _____

Phone Number (home): _____ (cell): _____

Date of Birth: _____/_____/_____ Social Security No.: _____ - _____ - _____
Month Day Year

Place of Birth: _____

Driver's License Number: _____ State: _____

Emergency Contact: _____ _____
Name Relation Phone Number

Legal U.S. Resident: ❒ Yes ❒ No

Criminal Record:

The Kent Police conduct a criminal history background on all applicants for volunteer positions. The following questions must be answered by all applicants.

Have you been convicted of a felony or released from prison within the last seven (7) years?
❒ No ❒ Yes Please explain: _____

_____

Have you been convicted, of a misdemeanor within the last 3 years?
❒ No ❒ Yes Please explain: _____

Schooling:

	Name	City/State	Dates Attended/Degree
High School			
College/Other			

Employment History *(Please start with present or most recent employer):*

Employer Name: _____

Address: _____ Phone: _____

Employed From _____ Reason for leaving: _____

Position: _____ Supervisor: _____

Job duties: _____

Employer Name: _____

Address: _____ Phone: _____

Employed From _____ Reason for leaving: _____

Position: _____ Supervisor: _____

Job duties: _____

Personal References:

Please list three (3) people whom we may contact for character reference. These individuals **may not** *be relatives or former employers and must be people you have know for at least 3 years.*

1. Name: _____Phone: _____
❒ Home ❒ Cell ❒ Work

Street address: _____ City: _____ Zip: _____

Number of years known: _____ Relationship to applicant: _____

2. Name: _____Phone: _____
❒ Home ❒ Cell ❒ Work

Street address: _____ City: _____ Zip: _____

Number of years known: _____ Relationship to applicant: _____

3. Name: _____Phone: _____
❒ Home ❒ Cell ❒ Work

Street address: _____ City: _____ Zip: _____

Number of years known: _____ Relationship to applicant: _____

Questions Regarding Volunteering for Kent Police VIPS

1. Why do you want to volunteer with VIPS? _____

_____

2. Have you volunteered before? (Please give name of organization and dates): _____

_____

3. Do you have any relatives or friends currently employed by or volunteering for the Kent Police Department?

❒ No ❒ Yes If so, name of individual(s): _____

4. Are you able to work the 10 hours a month minimum as a VIPS member? ❒ No ❒ Yes

5. Approximately how many hours would you be able to volunteer each week/month? _____

6. Do you require accommodations or special conditions to perform the volunteer tasks? _____

_____

7. What equipment related to the volunteer position you are applying for can you operate? (radio, phone, car, etc.)

_____

Other applicable skills or experience: _____

Are you able to lift 35 pounds? ❒ No ❒ Yes

What languages besides English are you fluent in? _____
❒ Read ❒ Speak ❒ Write

Do you prefer to volunteer: ❒ Indoors ❒ Outdoors ❒ No Preference

What day(s) and time(s) would you prefer to volunteer?

_____ _____ _____ _____ _____ _____ _____

❒ Sunday ❒Monday ❒ Tuesday ❒ Wednesday ❒ Thursday ❒ Friday ❒ Saturday

What date would you be available to start volunteering? _____
Date

IMPORTANT: THE FOLLOWING MUST BE FILLED OUT IN FULL AND SIGNED.

Can you perform the essential tasks, with reasonable accommodations, as listed in the Volunteer Opportunity Outline? ❒Yes ❒ No

I swear or affirm that all statements in this application form are true and correct to the best of my knowledge. I understand that falsification of information on this application may result in my elimination from the VIPS program. I hereby authorize the Kent Police to conduct a background investigation, including criminal history check. I further understand that I have the right to request a report of the findings of any such investigation. I also verify that I have read and fully understand the volunteer opportunity description and application process form.

_____ _____

Applicant's Signature Date

Please attach a copy of your driver's license or state photo ID card and any other licenses or certifications, including First Aid and/or CPR card. Letters of recommendation are welcome.

KENT
WASHINGTON

Mail completed applications to:

Kent Police
VIPS Membership
220 Fourth Ave S
Kent, WA 98032-5895