



VACAVILLE POLICE DEPARTMENT
VOLUNTEERS IN POLICE SERVICES
(V.I.P.S.)
APPLICATION PACKET

Volunteer Coordinator Kaitlynn Crigger
(707) 449-5204

Thank you for your interest in Vacaville Police Department's Volunteers in Police Services (V.I.P.S.) Program. Please read through the information on the following pages and complete the attached application. We look forward to hearing from you!

Please be complete, or your application will not be processed.

Minimum Requirements

- No felony or misdemeanor convictions
- Have valid Government Issued Identification
- Must be at least 18 years old
- Must reside in the City of Vacaville

STEP 1 – APPLICATION

Complete the application packet and return to:

Kaitlynn Crigger
Vacaville Police Department
660 Merchant Street
Vacaville, CA 95688

-or-

Submit Online/Email to:
VacavilleVIPS@cityofvacaville.com

STEP 2 – APPLICATION REVIEW

The Volunteer Coordinator will review your application during open recruitments. All areas and information must be completed, or the application will not be processed. Please use N/A where applicable. Recruitments will be held approximately three times per year as needed. Applications are accepted year-round.

STEP 3 – ORAL BOARD INTERVIEW

If you successfully complete the application ***and*** your qualifications match current volunteer opportunities, you will be contacted to schedule an interview.

STEP 4 – VOLUNTEER BACKGROUNDS

Successful candidates proceed to a background investigation. This process includes completing a Personal History Statement, fingerprinting, a criminal history check, driving record check, clearance for current warrant systems, and contacts with references. Previous employers as well

as personal references will be contacted to determine the applicants' suitability for the V.I.P.S. program. Failure to provide complete information for references will result in a rejection of the application.

STEP 5 – ACCEPTANCE

All applicants will be notified by mail of their acceptance or non-acceptance into the V.I.P.S. program at the completion of the first four steps.

STEP 6 – ORIENTATION & TRAINING

All new volunteers are required to attend orientation and training at the Vacaville Police Department. Orientation and trainings will be held between the hours of 8am and 4pm, Monday – Friday. A schedule will be provided upon acceptance to the program.



Vacaville Police Department Volunteer Application

Please print or type. You may include a resume or additional pages as needed.

Name: Mr. or Ms. _____
(Last) (First) (Middle Initial)

Previous Names (if applicable): _____

Address: _____
(Street) (City) (Zip Code)

Home Phone: _____ Cell Phone: _____

Date of Birth: _____ Email: _____

California Driver's License Number: _____ Expires: _____

Emergency Contact Name & Relationship: _____

Emergency Contact Phone Number(s): _____

Medical Insurance Carrier: _____

Hospital to use in Emergency: _____

Are you bilingual? If yes, what is your second language? _____

I am available to volunteer the following days and times:

Monday _____

Friday _____

Tuesday _____

Saturday _____

Wednesday _____

Sunday _____

Thursday _____

Vacaville Police Department Volunteer Release

Name: _____
(Last) (First) (Middle Initial)

Background Check: I authorize the Vacaville Police Department to conduct a background investigation; including a check of criminal records and other information that may be of a confidential or privileged nature. The Department may also require a polygraph exam, interviews, and other methods to evaluate applicants at its discretion. I authorize the Police Department to use a copy of this form to be considered the same as the original for the purposes of the background investigation.

Release of Liability: I, the individual named above, hereby request permission to participate in the Vacaville Police Department's Volunteers in Police Services Program. I understand that training and/or assignments may involve physical activities, which include a potential risk of personal injury and/or personal property damage; and I make this request with full knowledge of these risks. I certify that I am able to perform the assignment I am applying for and will disclose any medical conditions which may affect my safety, the safety of others, or my ability to perform my duties. I agree to hold the City of Vacaville, The Vacaville Police Department, and their agents and personnel harmless from any and all claims, actions, suits and/or injury that I may suffer which may arise as a result of my participation in any volunteer program.

At-Will Status: I agree to follow the rules established by my supervisor(s), and to exercise reasonable care while participating in the Volunteer in Police Services Program. As a volunteer, I understand that I will not receive any monetary compensation for the time contributed. I acknowledge I am an at-will volunteer, without vested property rights in my position as a citizen volunteer and I may be released at any time without cause and without right of appeal. If I am released, all program identification cards, issued equipment, uniforms, keys, etc. provided by the program must be surrendered immediately.

Photographs and Contact Information: I authorize the use of any photograph taken in connection with my participation in the program without prior approval or compensation. My phone numbers, email address and/or other contact information may be entered into record-keeping and/or automatic notification systems for program management and emergency purposes.

By executing this form, I certify that I have read this release in its entirety, understand all its terms, and have had any questions regarding the release, or its effect satisfactorily answered. I understand that my submission of this application, whether mailed, or sent electronically via email, shall have the same force and effect as an original. I certify that all statements made on this application or on supplementary materials are true and correct and I authorize the Vacaville Police Department to investigate the accuracy of this information from any person or organization.

(Signature)

(Date)