

Volunteers In Police Service (VIPS)



Dear VIPS Applicant:

Thank you for your interest in becoming a Volunteer in Police Service. Enclosed is an application packet. Please review these materials thoroughly and return the completed application in the self-addressed envelope provided to:

Volunteer Coordinator
Harrisonville Police Department
205 N. Lexington St.
Harrisonville, MO 64701

The Harrisonville Police Department Volunteers in Police Service Program (VIPS) emphasizes service to the community as a whole. Volunteers assist officers in tasks that are on-going and necessary to the public safety mission. Confidentiality is imperative therefore, all potential volunteers are subject to a background investigation prior to acceptance. The level of background investigation will be based upon the volunteer position.

After your application has been processed, you will be called to schedule an appointment for an interview.

Again, thank you for your interest in VIPS.

Sincerely,

VIPS Coordinator

Volunteers In Police Service (VIPs)

MISSION STATEMENT

It is the mission of the Volunteers In Police Service to assist Harrisonville Police Department in any way deemed needed and necessary to enable sworn officers to fulfill their assigned duties in service to the community.

In support of the mission:

- We as Volunteers In Police Service believe we can accomplish this mission by performing assigned tasks wherever needed.
- We recognize that as Volunteers In Police Service we would be under the direction of the officer or employees responsible in the respective work area.
- As Volunteers In Police Service, we also recognize that all information we acquire while on duty is to be kept confidential.
- Our goal as Volunteers In Police Service is to perform our duties in such a way that we are able to gain and maintain the approval and trust of those with whom we work.
- We as Volunteers In Police Service, in agreement with Harrisonville Police Department, will respect and practice sensitivity and understanding of the cultural and ethnic diversity of the City of Harrisonville and of those with whom we work.

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GUIDELINES

PURPOSE:

To specify procedures, rules, and regulations that guide the overall operation of the Harrisonville Police Department's Volunteers In Police Service (VIPS) program.

POLICY:

Volunteers provide valuable and necessary additional services to Harrisonville Police Department on a daily basis through the Volunteers In Police Service program. In order to maximize the productivity of this program, the following procedures and regulations are established.

ELIGIBILITY:

Volunteers must be at least twenty-one (21) years of age and pass a background check.

APPLICATION:

Volunteer applicants must complete an application/background questionnaire and submit it to the VIPS Coordinator.

- Background investigations will be conducted on each of the volunteer applicants.
- The VIPS Coordinator and/or the supervisor for whom the volunteer will be working shall interview volunteer applicants.

ASSIGNMENTS:

Volunteers are not required to work on days that have been designated as holidays by the City of Harrisonville.

- An area for parking will be provided for volunteers as necessary.

TERMINATION:

- Those volunteers who wish to terminate their status are requested to provide written notification to the VIPS Coordinator at least fourteen (14) days prior to the effective date.
- A copy of the notification should be directed to the volunteer's immediate supervisor. The volunteer's identification badge shall be returned to the VIPS Coordinator.

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CONDUCT IN PERFORMANCE:

All organizations have guidelines they follow to provide for order and management. A volunteer's work for Harrisonville Police Department entails the same responsibilities as required of all Harrisonville Police Department Employees. These include:

- Volunteers will conduct themselves in a manner that brings respect to themselves and to Harrisonville Police Department. Volunteers will perform their duties in an impartial manner consistent with the Harrisonville Police Department's policies.
- Volunteers shall treat all information that they receive from reports, officers, or victims as confidential.
- Volunteers shall not use their association with Harrisonville Police Department to seek favors for themselves or others.
- Volunteers shall not discuss any aspect of a crime or an investigation with any person unless directed to do so by their immediate supervisor. People seeking information or advice on a criminal case shall be referred to the investigating officer or a supervisor.
- Volunteers who observe apparent misconduct by employees or volunteers shall report that misconduct to their immediate supervisor. All concerns/complaints must follow the chain of command.
- Volunteers are expected to dress in compliance with other Harrisonville Police Department employees and their guidelines or as required by their supervisor.

TATTOOS/BRANDING/INTENTIONAL SCARRING

Any tattoos/branding/intentional scarring or body piercings (other than earrings) on the face, head, ears, neck, hands, exposed arms and exposed legs are prohibited for volunteers with the Harrisonville Police Department. Exposed arms is defined as visible below the sleeve length of the uniform summer shirt or visible below the sleeve length of a summer shirt worn by plainclothes employees when standing in the normal upright position with the arms extended straight down.

The concealing of tattoos/branding/intentional scarring and body piercings through the use of Band-Aids, bandages or other such coverings, shall not be allowed.

Tattoos/branding/intentional scarring and body piercings must be covered by the authorized uniform issued by the Harrisonville Police Department at all times when conducting business for the Harrisonville Police Department.

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WEAPONS

Volunteer shall never carry a weapon when conducting business for the Harrisonville Police Department even if the volunteer has a Missouri concealed carry permit. A small, 3 inches or less, folding pocket knife will be acceptable but shall not be used as a weapon.

RELATIVES

It is the City's policy not to employ individuals in the same department in a supervisory/subordinate relationship who are members of the same immediate family. This policy shall apply for volunteers as well.

RIDE ALONG PRIVILEGES:

Volunteers may participate in the Citizen's Ride Along Program up to once a month.

DISMISSAL:

Volunteers, like all Harrisonville Police Department employees, are subject to dismissal for failure to follow the guidelines for behavior set forth by the department.

Volunteers are subject to removal from the program at the discretion of the Police Chief and the VIPS Coordinator.

Reasons for removal include, but are not limited to, the following:

- Committing a felony or misdemeanor.
- Reporting for service in an intoxicated state or possession of intoxicants on the job.
- Improperly releasing confidential information.
- Providing false information on the application
- Failure to report for service assignment without a justifiable cause.
- Misconduct (to include profane or abusive language).

Volunteer's identification badge shall be given to the volunteer's supervisor who will forward it to the VIPS Coordinator.

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APPLICATION & PERSONAL HISTORY STATEMENT
(Please print or type)

Date of Application

PERSONAL INFORMATION:

Last Name:	
First Name:	
Middle Name:	
Address:	
City, State:	Zip Code:
Date of Birth:	Sex:
Are you related to anyone currently employed by the City of Harrisonville or now serving on City Council? <input type="checkbox"/> yes <input type="checkbox"/> no List name and relationship:	
Social Security Number:	
Place of Birth (City, State, Country):	
Maiden/other names used:	
Home Phone:	
Cell/Pager:	
Work Phone:	
Email Address (if applicable):	
Previous Address(s) Last 5 years:	
Address #1:	Address #2:
Address #3:	Address #4:
Address #5:	Address #6:

EDUCATION BACKGROUND AND MILITARY EXPERIENCE:

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Please circle the highest level of education completed: High School 1 2 3 4 College 1 2 3 4 5 6 7 8
High School/City, State:
College/City, State:
Degrees or Certificates Earned:
Military Service Branch:
Rank:
Time Served:
Date Discharged:
Do you speak or read a foreign language?
If Yes, what language(s)?

CRIMINAL HISTORY AND DRIVING RECORD:

Driver's License Number and State:
Has your license ever been suspended or revoked? Yes No
Traffic citations and accidents for the last 5 years:
Have you ever been questioned, detained, arrested, investigated, warned or issued a citation for any misdemeanor or felony, other than traffic, either as an adult or juvenile? Yes No
Have you ever been convicted of a crime? Yes No <i>*Conviction will not automatically disqualify you from consideration. We will consider the nature of the offense in relation to the job for which you are applying.</i>
If yes, please explain:

If yes, list the name of the agency or court, date of contact, reason for contact, charge if any, sentence if any, and disposition of incident (including deferred sentences). Provide full details on supplemental sheets when necessary.
Date:
Agency or Court:
Charge:
Sentence:
Disposition:

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Date:
Agency or Court:
Charge:
Sentence:
Disposition:

Have you ever used illegal narcotics/drugs of any kind? Yes No
If Yes, what drugs were used/approximate date of usage?
Have you ever sold or distributed illegal narcotics/drugs? Yes No

DOMESTIC VIOLENCE / CHILD ABUSE

Have you ever been convicted of any type of crime involving domestic violence? Yes No If yes explain on page 13
Have you ever committed an act of domestic violence? Yes No If yes explain on page 13
Have you ever been a victim of a domestic disturbance? Yes No If yes explain on page 13
Have you ever had a Protection Order sworn out against you? Yes No If yes explain on page 13
Have you ever sworn out a Protection Order on any one else? Yes No If yes explain on page 13
Have you ever been involved in a child abuse or child neglect investigation of any kind? Yes No If yes explain on page 13
Have you ever been charged with child neglect or abuse? Yes No If yes explain on page 13
Other than the previously provided answers, is there any fact or circumstance involving you or our background, including being the victim of sexual assault as a minor, that would call into question your being entrusted with the supervision, guidance and care of young people or persons with special needs?

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Yes No If yes explain on page 13

REFERENCES:

DO NOT USE FAMILY MEMBERS AS REFERENCES. List 3 individuals you have known for at least 5 years. Please list name, complete address, and telephone number.

Name:
Phone:
Street Address:
City, State, Zip Code:

Name:
Phone:
Street Address:
City, State, Zip Code:
Name:
Phone:
Street Address:
City, State, Zip Code:

EMPLOYER HISTORY: (Please fill out completely) List employment for the last 5 years beginning with the most recent.

Firm Name, Supervisor
Date From/Date To (Month/Year)
Street Address
City, State, Zip Code
Firm Name, Supervisor
Date From/Date To (Month/Year)
Street Address
City, State, Zip Code
Firm Name, Supervisor
Date From/Date To (Month/Year)
Street Address

Volunteers In Police Service (VIPS)

City, State, Zip Code
Firm Name, Supervisor
Date From/Date To (Month/Year)
Street Address
City, State, Zip Code

VOLUNTEER INTEREST:

How much time do you have to volunteer? (Please circle) Hours per week: 2 5 10 15
Hours/Days available: M T W Th F Sat Sun
List any skills or interests, which would assist in placing you in an appropriate assignment. Attach additional sheets if necessary.
Please list any memberships in any community organizations and previous/present volunteer experience.
Briefly, state why you wish to volunteer your time to the Harrisonville Police Department. (Use additional sheet if necessary) This question must be answered.
Do you have any special medical or other needs?

EMERGENCY CONTACT INFORMATION:

List persons to notify in case of an emergency.
Name
Relationship
Street Address

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City, State
Home Phone
Work Phone
Cell Phone/Pager
Name
Relationship
Street Address
City, State
Home Phone
Work Phone
Cell Phone/Pager

I certify that the statements contained in this application and personal history statement are true and complete to the best of my knowledge. I understand that, if chosen as a volunteer, false or misleading information given in my application, resume or interview(s) may result in immediate dismissal. I authorize the City to verify all statements contained in the volunteer application and personal history statement to make reference and background checks as its representatives deem necessary. You are hereby authorized to make any investigation of my personal character, academic record or employment history, and I release all parties from any claim arising in connection with their giving the same to you.

Signature: _____

Date: _____

CONFIDENTIALITY AGREEMENT

I have read the VIPS Guidelines and agree that I shall treat all information I receive from reports, officers, or victims as confidential. I understand that I could jeopardize the ultimate investigation of a crime by revealing information. I will not discuss any aspect of a crime or investigation with any person unless directed to do so by my supervisor. I agree that I will not use my association with Harrisonville Police Department to seek favors for others or myself.

Signature: _____

Date: _____

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INFORMATION AUTHORIZATION

I hereby authorize any city, county, state, former employer, or any other agency to furnish to any member of Harrisonville Police Department any information considered necessary for the purpose of processing this questionnaire. A copy of this authorization shall be considered as valid as the original.

Signature: _____

Date: _____

LETTER OF UNDERSTANDING AND HOLD HARMLESS AGREEMENT

I understand that I am not an employee of Harrisonville Police Department. I am not entitled to payment for services rendered, nor am I entitled to compensation or fringe benefits other than set out below. I further acknowledge that I am a volunteer for purposes of the Fair Labor Standards Act. I wish to volunteer my services to the Harrisonville Police Department and/or observe members of Harrisonville Police Department perform their duties. I understand that my status as a Volunteer in Police Service (VIPS) may be revoked at any time. In consideration of the above granted authority to observe and other good and valuable consideration, I, my assigned heirs, executors, or agents hereby agree to hold the City of Harrisonville and Harrisonville Police Department harmless. I agree to indemnify the City of Harrisonville, Harrisonville Police Department, and their agents and employees from any and all claims, damages, losses, and expenses arising out of the above described observations, volunteer work, and related activities, which is for bodily injury, illness or death, or property loss of use.

Signature: _____

Date: _____

Subscribed and sworn to before me this _____ day of _____, in the year _____.

Notary Public

My Commission Expires: _____

NOTE: Records section employees at police headquarters are notaries and can be utilized for purpose of this application form.

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Add Additional Information Below: