



# Volunteers in Police Service (V.I.P.S.)

## Peabody Police Department

6 Allen's Lane • Peabody, Massachusetts • (978) 538-6300

### APPLICATION

<b>PERSONAL INFORMATION:</b>				
Last Name		First Name		Middle
Home Address				Apt
City		State		Zip
Date of Birth		Age	Sex M F	Social Security
Place of Birth (City, State/Country)				Race
Other names used		Home Phone		
Cell Phone		Work Phone		
Email Address (if applicable)				
Previous Address(es) Last 5 years				

<b>EDUCATION BACKGROUND:</b>				
Please circle the highest level of education completed and type of degree received:				
High School: 1 2 3 4		N/A High School Diploma GED Certificate:		
High School		City, State		
College/University: 1 2 3 4		Some College Associates Bachelors Masters PhD Law Other:		
College/University		City, State		
Degree Concentration				
College 1 2 3 4 5 6 7 8		Some College Associates Bachelors Masters PhD Law Other:		
College/University		City, State		
Degree Concentration				

<b>MILITARY EXPERIENCE:</b>		
Military Service Branch		
Rank	Time Served	Date Discharge

<b>FOREIGN LANGUAGE:</b> (Indicate level of proficiency: Advanced, Intermediate, or Novice)			
Language	Spoken	Written	Read
Language	Spoken	Written	Read
Language	Spoken	Written	Read

<b>DRIVING RECORD</b>		
Massachusetts Drivers License Number (please provide a photocopy)		
Has your license ever been suspended or revoked? Yes No If yes, please explain:		
Traffic citations for the last 5 years: Please provide type of citation (Speeding, Failure to Stop, etc), date citation was issued, and disposition of citation (Fined (include amount), Not Responsible, etc). Provide full details on supplemental sheet if necessary.		
Type of Citation	Date	Disposition
Type of Citation	Date	Disposition
Type of Citation	Date	Disposition
Motor Vehicle Accidents for the last 5 years Please provide date of accident, location of accident, and disposition of accident (Responsible, Not Responsible). Provide full details on supplemental sheet if necessary.		
Accident Date	Location	Disposition
Accident Date	Location	Disposition

<b>CRIMINAL HISTORY</b>		
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 If yes, please explain:		
If yes, list the name of the agency or court, date of contact, charge (if any), sentence (if any), and disposition of incident (including deferred sentences). Provide full details on supplemental sheets if necessary.		
Date	Agency or Court	Charge
Sentence		Disposition
Date	Agency or Court	Charge
Sentence		Disposition
Date	Agency or Court	Charge
Sentence		Disposition

<b>REFERENCES:</b>		
<b>DO NOT USE FAMILY AS REFERENCES:</b> List 3 individuals you have known for at least 5 years. Please list full name, complete address, and telephone number.		
Full Name	Phone	
Address	Apt	
City	State	Zip
Full Name	Phone	
Address	Apt	
City	State	Zip
Full Name	Phone	
Address	Apt	
City	State	Zip

<b>EMPLOYER HISTORY: (Please fill out completely)</b> List employment for the last 5 years, beginning with the most recent. Provide full details on supplemental sheets if necessary.		
Firm Name	Supervisor	
Phone	Date From/Date To (Month/Year)	
Address		
City	State	Zip
Firm Name	Supervisor	
Phone	Date From/Date To (Month/Year)	
Address		
City	State	Zip
Firm Name	Supervisor	
Phone	Date From/Date To (Month/Year)	
Address		
City	State	Zip
Firm Name	Supervisor	
Phone	Date From/Date To (Month/Year)	
Address		
City	State	Zip

<b>VOLUNTEER INTERESTS:</b>			
How much time do you have to volunteer? (Please Circle)			
Hours per week:	Hours available:	Days available:	Preferred division, unit or area:
<b>5 10 15 20 +</b>		<b>M T W Th F Sat Sun</b>	
List any skills or interests, which would assist in placing you in 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 Peabody Police Department. Attach additional sheets if necessary. <b>This question must be answered.</b>			

<b>EMERGENCY CONTACT:</b>		
Name	Relationship	Phone
Address		Apt
City	State	Zip
Name	Relationship	Phone
Address		Apt
City	State	Zip

**CONFIDENTIALITY AGREEMENT**

I agree to 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 the Peabody Police Department to seek favors for others or myself.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**INFORMATION AUTHORIZATION**

I hereby authorize any city, county, state, former employer, or any other agency to furnish to any member of the Peabody 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 the City of Peabody. 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 purpose of the Fair Labor Standards Act. I wish to volunteer my services to the City of Peabody Police Department and/or observe members of the Peabody Police Department perform their duties. I understand that my status as a Volunteer in Police Service (V.I.P.S.) 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 Peabody and the Peabody Police Department harmless. I agree to indemnify the City of Peabody, the Peabody 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 ME on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

**PEABODY POLICE DEPARTMENT**  
**AUTHORITY FOR THE RELEASE OF INFORMATION**

I, \_\_\_\_\_, born at \_\_\_\_\_  
on \_\_\_\_\_, having filed an application for volunteering for the Peabody Police Department, consent to have an investigation made as to my moral character, reputation, medical and psychological fitness for the position to which I have applied. I consent to have such information as may be received or developed, reported in full to the appointing authority or his authorized designee. I agree to give further information, which may be required in reference to my past record.

I also authorize and request every person, firm, company, corporation, governmental agency, court, hospital, clinic, physician, counselor, association or institution having control of any documents, records, and other information pertaining to me, to furnish to the Peabody Police Department any such information, including documents, records, files, regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data, and to permit the Peabody Police Department or any of its agents or representatives to inspect and make copies of such documents, records or other information.

Specifically, I hereby authorize the release of the following data or records:

**CRIMINAL AND/OR COURT RECORDS**

I hereby release, discharge, exonerate the Peabody Police Department and the City of Peabody and their agents and representatives, and any person furnishing information thereto, from any and all liability of every nature and kind arising out of the developing, furnishing, or inspecting of such documents, records or other information and the conducting of any interviews, evaluations or investigations made by or on behalf of the Peabody Police Department and the City of Peabody. The authority shall continue for one year unless sooner revoked in writing by the undersigned.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

**DRIVING RECORDS AND LICENSE INFORMATION**

I hereby release, discharge, exonerate the Peabody Police Department and the City of Peabody and their agents and representatives, and any person furnishing information thereto, from any and all liability of every nature and kind arising out of the developing, furnishing, or inspecting of such documents, records or other information and the conducting of any interviews, evaluations or investigations made by or on behalf of the Peabody Police Department and the City of Peabody. The authority shall continue for one year unless sooner revoked in writing by the undersigned.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date