

Volunteers In Policing Application Process

(Please fill out completely or the application will not be processed)

Participation in other City of Niles Police Department programs does not guarantee acceptance to the VIP program.

Step 1. Application

Complete application (Release of Personal Information Form must be notarized) and return to:

**Volunteers In Policing
City of Niles
Human Resources
333 N. Second St.
Niles, MI 49120**

Step 2: Application Review

Your application will be reviewed by the VIP staff. All areas must be completed or have a N/A placed for Not Applicable Information in order to be processed.

Step 3: Character Reference

Four (4) reference forms will be mailed to the individuals you have provided on the application. Failure to provide complete address information will result in the application being denied.

Character references must be returned within thirty (30) days from the date of mailing by VIP staff Contact the VIP office at (269) 683-4700 to check on the status approximately 2 1/2 weeks after you submit your application.

Step 4: Interview and Fingerprint

Upon receipt of three completed and positive character reference forms, applicant will be contacted by VIP staff to establish a time for an interview with the coordinator and fingerprinting in the Identification and Latent Print Unit.

Step 5: Acceptance or Non-Acceptance

All applicants will be notified by mail of their acceptance or non acceptance to the program.

Please note under "Terms and Signature" section of the application, an applicant will release the City of Niles Police Department from providing a reason for denial to the program.

City of Niles Police Volunteers in Policing Application

Please fill out completely or the application will not be processed. If any section does not apply to you, please indicate by writing "N/A". The City of Niles Police Department appreciates your interest in service and commends your spirit to volunteer.

PERSONAL INFORMATION:

Last Name			
First Name			
Age			
Social Security #			
Date of Birth			
Home address:	City	Zip	Place of Birth
Home Phone:	Business Phone:		
Other names used:			
Previous Address(s) Last Five Years			
CRIMINAL HISTORY AND DRIVING RECORD:			
Michigan Driver's License Number			
Has your license ever been suspended or revoked? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Have you ever been convicted of a crime? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, please explain:			
Traffic citations and accidents for the past two years:			
REFERENCES			
References: NO NOT USE FAMILY MEMBERS AS REFERENCES. List four (4) individuals you have known for at least 5 years. (Please list name, <u>complete address with zip code</u> , and <u>telephone number</u>)			
Name	Address	Zip Code	Phone
1.			
2.			
3.			
4.			
EDUCATION BACKGROUND AND MILITARY EXPERIENCE			
Please check highest level of education completed:			
Some High School	High School Diploma	Some College Study	
College Degree	Some Graduate Study	Graduate Degree	
High School Attended:		College Attended:	
Military Service Branch:	Rank:	Time Served:	Date Discharged:

EMPLOYER HISTORY: (Please fill completely) If you are retired please note “Not Applicable”

Current Employer:

Occupation:

From Date:

To Date:

Business Address: (Including city state, and zip code)

Phone Number:

Employment for past five years (Please include firm name, address, supervisor, dates):

1.

2.

3.

4.

Tell us a little about you...

What are your hobbies and interests?

Have you volunteered before? If so, what did you do and where?

Do you prefer an office setting or a more active role?

Please briefly state why you wish to volunteer your time to the City of Niles Police Department. (Use back if necessary) ***This question must be answered.***

EMERGENCY INFORMATION:

In case of emergency, please notify:

Name:

Address

Relationship:

Day Phone and Night Phone

TERMS AND SIGNATURE:

As a volunteer with the City of Niles Police Department, I am willing to furnish information for use in determining my qualifications.

I understand that for security reasons a basic clearance check/background will be conducted and I will be fingerprinted. Further background information will be requested only if a specific volunteer assignment calls for a full security check.

I understand that falsifying statements on this application or during the interview process is cause for my immediate dismissal from the Volunteers In Policing program.

I understand that the City of Niles Police Department will not disclose any of my information to any outside entity without my written consent.

I understand that the City of Niles Police Department will not have to disclose the reason, if any, for not being selected to the program.

In signing, I do hereby certify that all information contained in this application is correct and accurate to the best of my knowledge. I further authorize the City of Niles Police Department **to verify criminal history and driving records as part** of the background process. If accepted to perform volunteer duties for the City of Niles Police Department, I understand I **may be privy to confidential information and promise to respect and maintain all that confidentiality whenever presented with it.**

Signature

Date

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I respectfully request and authorize you to furnish the City of Niles Police Department any and all information that you may have concerning me, or my reputation. This includes, but is not limited to, the following information:

- Employment Record (attendance, performance, etc.)
- Polygraph Examination Results
- Criminal Records and Reports
- Education Records
- Military Records (disciplinary action)
- Information of a confidential nature or information considered as Privileged and photostats of same, if requested.

I hereby direct you to release such information upon request of bearer.

This information is to be used to assist the City of Niles Police Department in determining my acceptance as a "Police Volunteer".

I hereby release you, your organization, or anyone furnishing such information from any and all liability for damages of whatever kind or nature which may at any time result in harm to me from furnishing the information requested above on account of compliance or attempts to comply with this authorization.

A photocopy reproduction of this request shall be for all intents and purposes as valid as the original. This form may be retained in your files.

Printed Name _____
 Signature of Applicant _____
 Alias/Maiden Name _____
 Date _____
 Address _____
 City, State _____ Zip code _____
 Date of Birth _____ Social Security Number _____
 Race _____ Sex _____
 DL # and State _____

SUBSCRIBED AND SWORN TO BE ME ON THIS THE _____ DAY OF _____, 20 _____.

(seal)

Notary Public
My commission Expires: