



## **APPLICATION**

**For**

**VOLUNTEERS IN POLICE SERVICE (VIPS)**

**CITY OF ROME POLICE DEPARTMENT**

**(Return application within 10 days to Rome Police Department)**

## DESCRIPTION OF THE PROGRAM VOLUNTEERS IN POLICE SERVICE

The following is a description of the City of Rome Police Department's Volunteers in Police Service Program.

The Program will consist of citizens 25 years of age and older who have an interest in helping their community improve the quality of life for all citizens by volunteering their skills and talents to the service of the Rome Police Department. Applicants must live within the City of Rome. Persons residing in the City of Rome School District may be considered.

The Program shall utilize adult citizens who are familiar with the local areas. These trained volunteers shall be utilized to enhance vital crime prevention services and community awareness.

The volunteers will perform the following functions:

- Vacation house checks
- Conduct business and residential security surveys
- Provide traffic control for special events and emergencies
- Assist in Neighborhood Watch activities
- Monitor checks on invalids and elderly persons
- Conduct traffic safety surveys
- Other activities assigned by the Chief of Police

Members shall not be allowed to take any form of enforcement action, carry any weapons, nor make arrests. Any suspicious activity observed shall immediately be reported to the Rome Police Supervisor on duty.

No experience is necessary, since all members of the program will be thoroughly trained prior to assuming any duties. The Police Department is looking for individuals with varied backgrounds and interests which will complement the existing staff.

No active members of a Law Enforcement organization, or those having police or peace officer status pursuant to NYS Law is eligible to join the Volunteers in Police Service.

Although the position provides no direct compensation, the volunteers will be covered under Worker's Compensation Liability insurance provided by the City of Rome. All volunteers will be equipped as necessary and they will wear a complete uniform while on duty.

## **PROGRAM APPLICATION PROCESS**

The application process is critical because it is the initial step to either acceptance or rejection on the part of both the Rome Police Department and the Volunteer applicant. The applicant often eliminates him or herself between the initial interview and return of the background paperwork. The application process is the time where screening takes place. The applicant is given the initial interview by the Program Coordinator.

During the interview, the Program Coordinator will:

1. Discuss the applicant's reason for volunteering. Highly motivated volunteers are more effective and remain in the program longer.
  - a. Examples of highly motivated volunteers include:
    - i. The person who wants to share his/her knowledge
    - ii. The person who would like to brush up on his skills used in the past
    - iii. The person who wants to feel useful and needed
    - iv. The person who would like to return something to the community by assisting law enforcement.
2. Determine the applicant's time availability
3. Explain the volunteer program
4. Explain the background check
5. Explain the application process
6. Explain the importance of confidentiality

During the interview, the Program Coordinator will look for the following:

- Motivation for volunteering
- Dependability and reliability
- Enthusiasm
- Support for law enforcement
- Flexibility
- Sense of humor
- Teamwork qualities
- Applicable skills
- Work experience
- Interests and hobbies

**ROME POLICE DEPARTMENT  
VOLUNTEERS IN POLICE SERVICE (VIPS) APPLICATION**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

MAIDEN NAME: (If applicable) \_\_\_\_\_ ANY ALIASES? \_\_\_\_\_

DATE OF BIRTH: \_\_\_/\_\_\_/\_\_\_ U.S. CITIZEN? \_\_\_Y\_\_\_N NATURALIZED? \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

DRIVER'S LICENSE # \_\_\_\_\_ EXP. DATE: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ EYES: \_\_\_\_\_ HAIR: \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ JOB DESCRIPTION: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ MAY WE CONTACT YOU AT THIS NUMBER? \_\_\_\_\_

MARRIED: \_\_\_\_\_ SPOUSE'S NAME: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

List all traffic violations you have received

The charge(s) \_\_\_\_\_ Date(s) \_\_\_\_\_

The charge(s) \_\_\_\_\_ Date(s) \_\_\_\_\_

The charge(s) \_\_\_\_\_ Date(s) \_\_\_\_\_

Have you ever been arrested for a crime? \_\_\_ Yes \_\_\_ No If yes, explain: \_\_\_\_\_

The charge(s) \_\_\_\_\_ Date(s) \_\_\_\_\_

The charge(s) \_\_\_\_\_ Date(s) \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_ Yes \_\_\_ No If yes, explain: \_\_\_\_\_

The charge(s) \_\_\_\_\_ Date(s) \_\_\_\_\_

(Any false statement, either verbal or written, may cause the applicant's name to be removed from consideration or be the cause for immediate dismissal from the program.)

# MEDICAL INFORMATION

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHYSICIAN'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

BLOOD TYPE: \_\_\_\_\_

DO YOU HAVE HEART TROUBLE?  YES  NO

IF YES, EXPLAIN: \_\_\_\_\_

DO YOU HAVE HIGH BLOOD PRESSURE:  YES  NO

ARE YOU A DIABETIC?  YES  NO

CURRENT AILMENTS: \_\_\_\_\_

PREVIOUS SURGERIES AND DATES: \_\_\_\_\_

ARE YOU ON MEDICATION NOW? IF SO, WHAT FOR? \_\_\_\_\_

IS THIS BY ORDER OF A PHYSICIAN? \_\_\_\_\_

IN EMERGENCY NOTIFY: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

DO YOU HAVE A MEDICAL PROBLEM THAT WE SHOULD BE AWARE OF WHILE YOU ARE ON PATROL AND/OR WORKING IN THE STATION THAT YOU HAVE NOT STATED ABOVE?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MEDICAL HEALTH INSURANCE COMPANY: \_\_\_\_\_

PHONE: \_\_\_\_\_ IDENTIFICATION # \_\_\_\_\_ GROUP # \_\_\_\_\_

HOSPITAL PREFERNCE: \_\_\_\_\_

**MEDICAL WAIVER**

I, \_\_\_\_\_, understand that I must be in good physical condition to perform the duties of the Volunteers in Police Service Program.

These duties may include, but are not limited to, driving, moderate walking, entering and exiting a vehicle several times and occasionally standing for an extended period of time. By signing this waiver, I acknowledge that I am in good physical condition and have no medical limitations that would prohibit my participation in the Volunteers in Service Program.

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

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

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**TO BE COMPLETED BY A PHYSICIAN**

I am unaware of any conditions or restrictions which would prohibit my patient from participating in any of the activities listed above.

\_\_\_\_\_  
(Physician's Signature)

Physician's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**EMPLOYMENT:**

(List all employees for last ten years)

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_

Position Held: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ To: \_\_\_\_\_ Duties: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_

Position Held: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ To: \_\_\_\_\_ Duties: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_

Position Held: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ To: \_\_\_\_\_ Duties: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



Reason for Leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_

Position Held: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ To: \_\_\_\_\_ Duties: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_

Position Held: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ To: \_\_\_\_\_ Duties: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_

Position Held: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ To: \_\_\_\_\_ Duties: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Are you now or have you ever been under investigation by any police department or governmental agency for any violation of any criminal statute? \_\_\_ Yes \_\_\_ No  
If yes, then give specific details below;

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In the last five years has any police agency been called because of any action you have taken? \_\_\_ Yes \_\_\_ No If yes, then give specific details:

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Do you have a handgun permit? \_\_\_ Yes \_\_\_ No

List all handguns registered to you:

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Serial # \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Serial # \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Serial # \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Serial # \_\_\_\_\_

Have you ever been involved in a motor vehicle accident? \_\_\_ Yes \_\_\_ No  
If yes, provide details below, including date and location:

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## PERSONAL REFERENCES

Please list three personal references (may include active VIPS):

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

# VIPS ENROLLMENT RECORD

Vehicle: \_\_\_\_\_ Yes \_\_\_ No \_\_\_ If yes, Plate #: \_\_\_\_\_

Drivers License: \_\_\_ Yes \_\_\_ No

Insurance: \_\_\_ Yes \_\_\_ No

Driver's License Number: \_\_\_\_\_

## EMERGENCY INFORMATION

Person to notify in case of emergency: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

I, \_\_\_\_\_, volunteer my services through the Rome Police Department Volunteers in Police Service (VIPS) Program and I understand that I am not an employee of the Rome Police Department, Volunteers in Police Service, or any agency for which I do volunteer work.

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

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Signature of Program Coordinator

VOLUNTEER'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

Please check the items in which you have had experience and would be interested in doing again. Also check those areas which you would like to become involved with. Remember this does not commit you to more volunteer work.

PRE-RETIREMENT OR CURRENT EMPLOYMENT: \_\_\_\_\_

AREAS OF EXPERIENCE:

- Typing
- Filing
- Photocopying
- Bookkeeping
- Receptionist, phone answering
- Message taking
- Prepare mailings, address and stuff envelopes, collate
- Operate computers
- Greeter/Host/Hostess
- Gardening
- Photography
- Home Repairs
- Word Processing
- Calligraphy
- Creative Writing
- Technical Writing
- Others: \_\_\_\_\_
- Public Speaking

AREAS OF INTEREST:

- Work with children/teenagers
- Resource Speaker
- Crime Prevention
- Fundraising
- Patrol
- Administration
- Dispatch/Reception
- Others: \_\_\_\_\_

CITY OF ROME POLICE DEPARTMENT

# VOLUNTEERS IN POLICE SERVICE

## Notice of Confidentiality of Department Information

1. Volunteer personnel shall not disclose or allow access to information contained in or obtained from Local Summary Criminal History Information, records maintained by the City of Rome Police Department or material, documents and information received from any Law Enforcement Agency, or any other agency of the State or Federal Government, unless such disclosure or access is authorized by law.
2. Volunteer personnel shall not use any information derived from the City of Rome Police Department sources or records for personal gain or use, except as authorized by law or department policies and procedures.
3. Volunteer personnel shall not permit any person to receive information connected with the operation of the Rome Police Department without permission of the Police Chief or as otherwise provided by law or department policies and procedures.
4. Volunteer personnel shall not disclose to anyone the fact or the nature of any investigation except as provided by the law or department policies and procedures.
5. Volunteer personnel shall not give any unauthorized person any information concerning the location of records, weapons, ammunition, the number of officers on duty, shift assignment or patrol beat areas.
6. Serving the public provides each of us with a great responsibility. Consequently, there can be no compromise in the requirement of all employees to follow the City of Rome Police Department policies and procedures on records and information and this "Notice of Confidentiality of Department Information."

*Any violations of said requirements shall subject personnel to disciplinary action or termination.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

# COMMITMENT POLICY

## WELCOME TO THE ROME POLICE DEPARTMENT

You have volunteered to assist the Rome Police Department. The function of this Department involves the responsibility for the protection of life, property and enforcement of the law. Toward this end, you, as a volunteer worker, have an obligation to the public we serve to maintain the highest ethical standard in both person and official contacts.

*Listed below is the information that will assist you in maintaining those standards.*

## CONFIDENTIAL INFORMATION

You may be exposed to sensitive information during your assignment as a volunteer. Remember, official business of this department is CONFIDENTIAL. Members shall discuss or give information ONLY to persons for whom the information is intended, as directed by supervisors or as required by law. The content of any criminal record filed in the department shall be shown or divulged ONLY to authorized personnel.

## USE OF CRIMINAL JUSTICE INFORMATION

No volunteer shall divulge confidential information, data or records of the Department of Justice to any person whom issuance of such data, information or records has not been authorized. Such misuse is a CRIME under New York State Law. Any volunteer responsible for such misuse is subject to immediate dismissal and possible legal action.

## PERSONNEL AND EQUIPMENT SAFETY POLICY

The Rome Police Department regards the personnel of this department as its most valuable asset. It is the policy of this department to conduct all operations with the utmost concern for its personnel, equipment, vehicles and facilities. The reduction of losses due to injuries to departmental employees and damage to the City of Rome property, is an essential part of an efficient operation. Therefore, the practice of safety and the prevention of accidents shall be the responsibility of all members.

## INJURIES

If you are injured on the job, report the injuries immediately to the supervisor on duty at the unit of your assignment.

## REPORTING YOUR TIME

The Rome Police Department is required to record and maintain the number of hours worked by all volunteers. Please report your hours properly on the "VIPS Time Record" form. Please telephone your supervisor when an absence is necessary. Also please notify your supervisor, in advance, when you are expecting to take a "leave of absence."

I HAVE READ AND AGREE TO COMPLY WITH ALL OF THE ABOVE.

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

16