



VAIL POLICE VOLUNTEER APPLICATION

The Vail Police Department thanks you for your interest.

Please fill in the form completely to facilitate processing. Click on the highlighted area and fill in the applicable information.

After you complete the form, save a copy and e-mail it to: rcollier@vailgov.com

Or print a copy and mail it to:

Vail Police Department
Attn: Rick Collier, VIPS Coordinator
75 S. Frontage Rd.
Vail, CO 81657

PERSONAL INFORMATION

Last Name First Name Date of Birth

Mailing Address City State Zip

Street Address City State Zip

Home Phone Cell Phone

E-Mail Address

Years at Present Address If less than three, provide prior address

Street Address City State Zip

CRIMINAL HISTORY AND DRIVING RECORD

Driver's License Number State

Has your driver's license every been suspended or revoked? Yes No

Have you ever been convicted of a felony or misdemeanor? Yes No

If yes, please explain

REFERENCES (Please do not include any family members)

Name Phone

Street Address City State Zip

Name Phone

Street Address City State Zip

Name Phone

Street Address City State Zip

EDUCATION - MILITARY SERVICE

Years of High School Years of College Degrees

Military Branch Rank Date of Discharge

Foreign languages spoken

EMPLOYMENT HISTORY

Currently Employed? Yes No Retired? Yes No

Current Employer How long? years/months

Name Phone

Street Address City State Zip

If less than one year or if retired provide previous employer

Name Phone

Street Address City State Zip

Occupations

TELL US SOMETHING ABOUT YOURSELF

Would you prefer to:

Be uniformed with specific duties? Yes No

Be non-uniformed and serve on an as needed basis (special events and requests)? Yes No

What are your interests, hobbies, and special skills?

How did you learn about us?

Why do you wish to volunteer for the Vail Police Department?

What volunteer experience do you have?

Are you available throughout the year? Yes No

If no, what months are you available?

EMERGENCY AND MEDICAL INFORMATION

In the event of an emergency it is important we know as much as possible about you.

Emergency Contact

Phone

Relationship

Do you have medical insurance? Yes No

If yes, name of insurance company

Phone

Do you have any physical limitations or health concerns we should be aware of? Yes No

If yes, please explain and include any medications taken

Do you have a local physician? Yes No

If yes, physician's name

Phone

APPROVAL FOR BACKGROUND CHECK

In applying for a volunteer position with the Vail Police Department (VPD), I understand that a background check must be completed before I can be accepted. I authorize the VPD to perform such a check in any law enforcement database as necessary for criminal history, personal history, and reference checks. I further understand that a personal interview will be conducted prior to acceptance.

I certify that my answers are correct and that any false information may result in denial and/or dismissal. If offered a volunteer position, I will abide by the Town of Vail and Vail Police Department's Policies and Procedures as they pertain to the VPD VIPS Volunteer Program. The Town of Vail and the Vail Police Department reserve the right to deny acceptance based on objective criteria other than gender, race, religion, sexual orientation, and familial status.

Signature of Applicant

Date

If returned by e-mail, the applicant's initials indicate acceptance of all terms and will act as a substitute signature.

Initials

(FOR VAIL PD USE ONLY)

Background check completed by

Date

Reference check completed by

Date

Interview completed by

Date