

# VIPS Volunteers In Police Service

Orange City Police Department  
Orange City, Florida

## VIPS MEMBERSHIP APPLICATION



UPON COMPLETION OF THIS APPLICATION  
PLEASE RETURN IT TO THE ORANGE CITY POLICE DEPARTMENT

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## APPLICATION FOR MEMBERSHIP

NAME \_\_\_\_\_ MAIDEN NAME \_\_\_\_\_

CURRENT ADDRESS \_\_\_\_\_

TELEPHONE HOME \_\_\_\_\_ TELEPHONE CELL \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_ How long at this address \_\_\_\_\_

*Please list other addresses (if applicable) that show your last 10 years of residence:*

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

*IF YOU ARE A PART-TIME FLORIDA RESIDENT, WHAT IS YOUR OTHER ADDRESS?*

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

D.O.B. \_\_\_\_\_ GENDER \_\_\_\_\_ MARRIED \_\_\_\_\_

IF MARRIED, NAME OF SPOUSE \_\_\_\_\_

FLORIDA DRIVERS LICENSE # \_\_\_\_\_ OTHER D.L. \_\_\_\_\_

NOTE: A FLORIDA DRIVERS LICENSE IS A MANDATORY REQUIREMENT TO DRIVE A POLICE VEHICLE.  
YOU CAN GET A DRIVERS LICENSE, WHICH WOULD BE VALID ONLY IN FLORIDA WITHOUT RELINQUISHING YOUR STATE LICENSE.

HAVE YOU EVER BEEN ARRESTED OR CHARGED WITH ANY CRIME OR CRIMINAL  
ACTIVITY \_\_\_\_\_ IF YES, PROVIDE DETAILS BELOW:

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

HAVE YOU EVER BEEN ISSUED TRAFFIC CITATIONS \_\_\_\_\_ IF YES, PROVIDE DETAILS BELOW:

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

LIST YOUR BASIC CAREER EXPERIENCES: \_\_\_\_\_

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

**EMPLOYMENT SECTION**

*(Please list all employment for the past 10 years)*

ARE YOU CURRENTLY EMPLOYED? \_\_\_\_\_ NAME OF EMPLOYER \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_ DATES EMPLOYED \_\_\_\_\_

*If applicable, former employers:*

EMPLOYER \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_ DATES EMPLOYED \_\_\_\_\_

EMPLOYER \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_ DATES EMPLOYED \_\_\_\_\_

EMPLOYER \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_ DATES EMPLOYED \_\_\_\_\_

**REFERENCES**

PLEASE LIST AT LEAST THREE LOCAL PERSONAL CHARACTER REFERENCES *(Please do not list relatives)*

NAME

ADDRESS

PHONE

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

**ADDITIONAL INFORMATION**

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

AS A MEMBER OF THE ORANGE CITY POLICE DEPARTMENT V.I.P.S., I WILL ABIDE BY ANY AND ALL RULES AND REGULATIONS SET DOWN BY THE ORANGE CITY POLICE DEPARTMENT.

I CERTIFY THAT THE INFORMATION CONTAINED ON THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. FURTHERMORE, I HEREBY GIVE THE ORANGE CITY POLICE DEPARTMENT AUTHORITY TO CONDUCT AN INVESTIGATION INTO MY BACKGROUND FOR CONSIDERATION OF JOINING THE ORANGE CITY POLICE DEPARTMENT VIPS PROGRAM.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE OF APPLICATION

**VOLUNTEER HOLD HARMLESS AND INDEMNIFICATION AGREEMENT**

I, wish to perform services as a Volunteer in Police Service (VIPS) member for Orange City, Florida, in the Orange City Police Department as a volunteer.

I undertake to perform these services for the experience and self-satisfaction I will gain from this public service. I understand that I am not nor will I be an Orange City employee nor will I be eligible for any of the benefits of an Orange City employee except to the extent State law mandates volunteer participation in a benefit program.

In consideration of Orange City's permission to perform volunteer services, I, for myself and my assigns, do hereby release and discharge Orange City, its agents, officers and employees from any and all claims, demands, grievances, and causes of action of every kind whatsoever, including, but not by way of limitation, all liability for property damages and personal injury of every kind, nature or description arising or which may hereafter arise from said permission, volunteer's performance of services or volunteer's presence on the work site.

I hereby indemnify and hold harmless Orange City, FL for any and all claims, demands and causes of action of every kind and nature arising out of said permission, volunteer's performance of services, or volunteer's presence on the work site.

\_\_\_\_\_  
Volunteer's Signature

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

Social Security #: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Address

\_\_\_\_\_  
City                      State                      Zip

\_\_\_\_\_  
Department Head

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