



Miramar Police Department
Volunteers in Police Service (VIPS)
VOLUNTEER APPLICATION



Dear VIPS Applicant:

Thank you for your interest in becoming a Volunteer in Police Service. Enclosed is an application for you.

The Miramar Police Department Volunteers in Police Service Program (VIPS) emphasizes service to the community as a whole. Volunteers assist department personnel with tasks that are essential to the delivery of police services. Confidentiality is imperative and all volunteer candidates are subject to a background investigation prior to acceptance.

A general knowledge of office procedures is helpful but not necessary. We can use persons who are willing to do repetitive tasks such as filing, stapling, and data entry. Many of our positions require some level of typing. We have positions for persons who have a working knowledge of computers. A volunteer should plan to commit to a one-year period with a minimum workweek of four hours.

After your application has been processed, you will be called to set up an appointment to start your background check.

Please return your completed application to:

MIRAMAR POLICE DEPARTMENT
ATTN: VOLUNTEER COORDINATOR
11765 City Hall Promenade
Miramar, FL 33025

or email to:

policevolunteer@miramarpd.org



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MISSION STATEMENT

It is the mission of the Volunteers in Police Service (VIPS) to assist the Miramar Police Department as necessary to enable department personnel to fulfill their duties to the community.

- We as volunteers believe we can accomplish this mission by performing assigned tasks wherever needed.
- We recognize that as volunteers, we would be under the direction of the employees responsible in that respective work area.
- As volunteers we also recognize that all information we encounter while volunteering is to be kept confidential.
- Our goal as volunteers is to perform our duties in a professional manner.
- We as volunteers, in agreement with the Miramar Police Department, will respect and practice sensitivity and understanding of the cultural and ethnic diversity of the City of Miramar and of those with whom we work.

GUIDELINES

Purpose: To specify procedures, rules, and regulations that guide the overall operation of the Miramar Police Department's Volunteers in Police Service program.

Policy: Volunteers provide valuable and necessary additional services to the Miramar Police Department on a daily basis through the Volunteer in Police Service program. To maximize the productivity of this program, the following procedures and regulations are established.

Eligibility: Volunteers must be at least eighteen (18) years of age, be able to perform at least 4 hours of volunteer service per week and pass a background check.

Application: Volunteer applicants must complete an application/background questionnaire and submit it to the Volunteer Coordinator. Background investigations will be conducted on each applicant. The Volunteer Coordinator and/or the supervisor for whom the volunteer will be working may also interview the applicant.

Assignments: Volunteers are not expected to work on days that have been designated as holidays by the City of Miramar. Those volunteers who wish to terminate their status are



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requested to provide written notification to the Volunteer Coordinator at least fourteen (14) days prior to the effective date.

Conduct: A volunteer's work for the Miramar Police Department entails the same responsibility and high standard of conduct as required of all department employees.

- Volunteers will conduct themselves in a manner that brings respect to themselves and to the Miramar Police Department.
- Volunteers shall treat all information that they receive from reports, department personnel, or victims as confidential.
- Volunteers shall not use their association with the Miramar Police Department to seek favors for themselves or others.
- Volunteers shall not discuss any aspect of a crime or an investigation with any person unless directed to do so by their immediate supervisor. People seeking information or advice on a criminal case shall be referred to the investigating officer or a supervisor.
- Volunteers who observe apparent misconduct by employees or volunteers shall report that misconduct to their immediate supervisor. Grave infractions shall be brought to the direct attention of the Chief of Police.
- Volunteers are expected to dress in compliance with the guidelines established by the Volunteer Coordinator.

Dismissal: Volunteers are subject to removal from the program at the discretion of the Chief of Police or the Volunteer Coordinator. Upon dismissal, the volunteer's identification badge, uniform, and any other department property shall be returned to the Volunteer Coordinator. Reasons for removal include but are not limited to, the following:

- Failure to follow established policies and procedures.
- Unauthorized disclosure of confidential information.
- Committing a felony or misdemeanor.
- Failure to report for service without a justifiable cause.
- Misconduct (to include profane or abusive language).



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APPLICATION INSTRUCTIONS

1. Please read all instructions carefully.
2. All questions must be answered completely. If you require additional space for answers, additional sheets may be attached. If a question does not apply to you, please write or type "N/A" in the space provided.
3. The following documents must also be submitted with your application:

Copy of military discharge (if applicable)

4. Your application must be completed accurately and honestly. Omissions or providing false information may result in the rejection of your application.
5. Submit your application with all required documents to:

Miramar Police Department
Volunteer Coordinator
11765 City Hall Promenade
Miramar, FL 33025
6. This application will be used to conduct your background investigation. Employers, relatives, neighbors and other associates may be contacted. The final report will be used to assist in the evaluation of your suitability for volunteer service.



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PLEASE PRINT OR TYPE

PERSONAL INFORMATION														
Name:	Last			First			Middle							
Date of Birth:				Age:			Sex:			Social Security #:				
Home Address:	Street Address							Apt/Unit						
City:						State:			Zip Code:					
Home Phone:	()	-				Work Phone:	()	-		
Cell Phone:	()	-				Email:						
Place of Birth (City, State, Country):														
Other Names Used:														
Previous Address (within last 5 years):														
EDUCATIONAL BACKGROUND AND MILITARY EXPERIENCE														
Please check the highest level of education completed:														
High School: 1yr 2yrs 3yrs 4yrs						College: 1yr 2yrs 3yrs 4yrs 5+ yrs								
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>								
High School (city/state):						College (city/state):								
Degrees or certificates earned:														
Do you speak or read a foreign language?							If yes, please specify:							
<input type="checkbox"/> Yes <input type="checkbox"/> No														
Military Branch:						Rank:				Time Served:				
Date Discharged:						Discharge Type:								

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CRIMINAL HISTORY AND DRIVING RECORD					
FL Driver's License Number:					
Has your license ever been suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Please list traffic citations and accidents for the last 5 years: <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div>					
Have you ever been questioned, detained, investigated or arrested for a misdemeanor or felony (other than a traffic offense) either as an adult or juvenile? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Have you ever been convicted of a misdemeanor or felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>					
Date:		Agency or Court:		Charge:	
Sentence:			Disposition:		
REFERENCES					
Do not use family members as references. List 3 individuals you have known for at least 5 years. Please provide full name, address and phone number.					
Name:				Phone:	_____ - _____ - _____
Address (Include City, State, Zip):					
Name:				Phone:	_____ - _____ - _____
Address (Include City, State, Zip):					
Name:				Phone:	_____ - _____ - _____
Address (Include City, State, Zip):					

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EMPLOYMENT HISTORY			
Please fill out completely. List employment for the last 5 years beginning with the most recent.			
Employer Name:		Date From-To:	
Address (Include City, State, Zip):			
Employer Name:		Date From-To:	
Address (Include City, State, Zip):			
Employer Name:		Date From-To:	
Address (Include City, State, Zip):			
VOLUNTEER INTEREST			
How much time do you have to volunteer? (Check all that apply)			
Days Available		Time	
M	T	W	TH
F	SA	SU	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hours Available per Week			
4	6	10	15 16+
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Assignment:			
List any skills or interests that would assist us in placing you in an appropriate assignment:			
List memberships in any community organizations and/or any previous volunteer experience:			
Briefly state why you wish to volunteer your time to the Miramar Police Department:			
EMERGENCY CONTACT			
Name:		Relationship:	
Address (Include City, State, Zip):			
Home Phone:	Work Phone:	Cell Phone:	

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CONFIDENTIALITY AGREEMENT

I have read all of the above rules and regulations and agree that I will treat all information I receive from reports, department personnel or victims as confidential. I understand that I could jeopardize the investigation of a crime by disclosing confidential 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 Miramar 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 organization to furnish to any member of the Miramar Police Department any information considered necessary for the purpose of processing this application. A copy of this authorization shall be considered as valid as the original.

Signature: _____ **Date:** _____

LETTER OF UNDERSTANDING / HOLD HARMLESS AGREEMENT

I understand that I am not an employee of the City of Miramar. 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 the purpose of the Fair Labor Standards Act. I wish to volunteer my services to the City of Miramar Police Department and/or observe members of the Miramar Police Department perform their duties. I understand that my status as a Volunteer in Police Service 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 Miramar and the Miramar Police Department harmless. I agree to indemnify the City of Miramar, the Miramar 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:** _____