



Nicholas P. Caristo – Acting Chief

**VOLUNTEERS IN POLICE SERVICE
(VIPS)**

APPLICATION PACKET

Applicants must meet the following basic criteria:

1. Be a resident of the Town of Palm Beach
2. Complete full application packet - to include waivers, releases and Pledge of Confidentiality
3. Submit to fingerprint examination and basic background investigation



For information, please call Police Community Relations Unit at 561-838-5467

PALM BEACH POLICE DEPARTMENT
VOLUNTEERS IN POLICE SERVICE (VIPS)

Date of Application _____ Polo Shirt Size: (Men's or Women's) _____
(Small/Medium/Large/X-large/XX-Large)

Name: _____

Date of Birth: _____ Age: _____ Place of Birth: _____

Social Security No. _____ Driver Lic. No. _____

Local (Palm Beach) Address:

Other Address:

Phone Numbers:

Palm Beach: (561) _____ Other Home Phone: () _____

Cell Phone: () _____ email address: _____

Emergency Contact Name: _____

Address & Phone Number(s) _____

TO ASSIST US IN PLACING YOU IN AN APPROPRIATE VOLUNTEER ASSIGNMENT, PLEASE ASSIST US BY PROVIDING THE FOLLOWING INFORMATION:

EDUCATION: _____

SPECIALIZED TRAINING/AREAS OF EXPERTISE:

HOBBIES/OTHER ACTIVITIES:

OTHER VOLUNTEER ACTIVITIES:

WORK/PROFESSIONAL EXPERIENCE: (Please list profession/work experience)

Have you ever been terminated from employment: (if yes, please explain) _____

HEALTH: (VIPS Volunteers are expected to be in reasonably good health. Please indicate any physical accommodation you require in order to participate in this program)

HAVE YOU EVER BEEN ARRESTED?: YES _____ NO _____

(If yes, please explain) _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? (If yes please explain) _____

Misdemeanor Offense: _____ Felony Offense: _____

PLEASE INDICATE YOUR AVAILABILITY FOR SERVICE:

I am a year-round resident of Palm Beach YES _____ NO _____

If "NO" what months of the year do you normally reside in Palm Beach _____

IN THIS SECTION YOU MAY OFFER ANY ADDITIONAL INFORMATION YOU THINK MIGHT BE OF INTEREST TO US.

PALM BEACH POLICE DEPARTMENT
VOLUNTEERS IN POLICE SERVICE (VIPS)

AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize any police officer, or authorized representative of the Town of Palm Beach Police Department bearing this release, or copy thereof, to obtain any information excluding medical and worker's compensation records, in your files pertaining to criminal history records, including records which have been sealed by court order. I hereby direct you to release such information upon request of the bearer.

This release is executed with full knowledge and understanding that the information obtained is for the official use of the Palm Beach Police Department. Consent is granted for the Palm Beach Police Department to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities.

I hereby release you, as the custodian of such records, including its officers, employees or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result toward me, my heirs, family or associates because of your compliance with this authorization and request to release information, or any attempt to comply with it.

Should there be any questions as to the validity of this release, I may be contacted as indicated below.

FULL NAME: _____
CURRENT ADDRESS: _____
TELEPHONE NUMBER: _____
SIGNATURE: _____
DATE: _____

Sworn to and subscribed before me this _____ day of _____, 20__

Notary Public, State of Florida at Large

My commission expires: _____

My commission No: _____

PALM BEACH POLICE DEPARTMENT
VOLUNTEERS IN POLICE SERVICE (VIPS)
PHOTO RELEASE

I give consent to use any photograph taken or digital image captured of me during my participation in the VIPS PROGRAM- for future Palm Beach Police Department brochures, website and other promotional purposes - and for future Palm Beach Crime Watch, Inc. newsletters, manuals and other promotional purposes.

Name of Applicant _____ Date _____

Signature _____ Date _____

Witness _____ Date _____

MEDICAL RELEASE

In the event of any emergency, I authorize the Town of Palm Beach officials to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for my immediate care and agree that I will be responsible for payment for all medical services rendered.

Name of Applicant _____ Date _____

Signature _____ Date _____

Witness _____ Date _____

**PALM BEACH POLICE DEPARTMENT
VOLUNTEERS IN POLICE SERVICE (VIPS)**

**WAIVER
COVENANT NOT TO SUE FOR INJURIES**

Know all men by these present that I _____

of _____

for myself, my heirs, executors, administrators, successors and assigns, for and in the consideration of participation in the Palm Beach Police Departments VIPS (Volunteers in Police Service) citizen volunteer program (to include riding along as a no paying rider in a police car and/or in the police boat) by this instrument agree to forever refrain from instituting, procuring, or in any way aiding any suit, cause of action or claim against the drivers of the vehicles, the Town of Palm Beach, or the Palm Beach Police Department for damages, injuries, costs or expenses growing out of any accident while a passenger in said vehicle and to save harmless and indemnify the parties aforesaid from all loss and/or expense resulting from any such suit, cause of action or claim.

Signature: _____

STATE OF FLORIDA
COUNTY OF PALM BEACH

The foregoing instrument was acknowledged by me this _____ day of _____ 20____

by _____ who is personally known to me or who has produced

_____ as identification and who did/did not take an oath.

Notary Public _____

My commission expires _____

For police department use only

Approval of the Chief of Police: _____ Date: _____

PALM BEACH POLICE DEPARTMENT
VOLUNTEERS IN POLICE SERVICE (VIPS)
PLEDGE OF CONFIDENTIALITY

Date: _____

Name of Volunteer: _____

As a participant in the Palm Beach Police Department's VIPS (Volunteers in Police Service) Program, I agree and pledge to maintain the highest levels of confidentiality at all times.

I recognize that I might come in contact with or be exposed to classified and restricted information and material in the course of my volunteer duties.

I understand that should I violate the confidentiality of the Palm Beach Police Department in any way, my volunteer service will be terminated immediately.

Signature of Volunteer: _____

Date: _____