MENOMONIE POLICE DEPARTMENT
Eric M. Atkinson, Police Chief

V.I.P.S. VOLUNTEER APPLICATION FORM

Name: _____
Last First Middle

Address: _____
Number Street City Zip Code

Date of Birth: _____ Social Security Number: _____

Driver's License Number or WI ID number & Expiration Date: _____

Is this license currently valid: Yes No

Do you have personal transportation available: Yes No

Main Contact Number: (_____)_____ Home Phone Number: (_____)_____

Cell Phone Number: (_____)_____ Email address: _____

Please list any other names you have used: _____

List any languages, other than English, which you speak fluently: _____

List any special skills, training, interests, or hobbies that you have that may be useful to the Police Department:

_____

_____

Educational background: High School Diploma/GED: Yes No

College: Name of school _____ Dates Attended _____ Degree Received _____

Volunteer experience: _____

_____

_____

Preferred volunteer hours: _____ to _____

Do you have a preferred volunteer position/type of work? _____

_____

615 Stokke Parkway • Suite G200 • Menomonie, Wisconsin 54751-4912
Phone: 715-232-2198 • Fax: 715-232-1579

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Work Experience (Most recent first):

1.

Employer	Complete Address & Phone Number	Supervisor
Duties		**From/To**

2.

Employer	Complete Address & Phone Number	Supervisor
Duties		**From/To**

3.

Employer	Complete Address & Phone Number	Supervisor
Duties		**From/To**

List Three Personal References Other than Family:

Name	Complete Address	Phone Number	Relationship

In case of an emergency, please contact:

Name (print): _____ Phone(s):_____

Relationship to Volunteer:_____

I heard about the V.I.P.S. program through:_____

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Volunteer Screening Form

Please list ALL instances in which you were convicted as an ADULT for crimes (misdemeanors or felonies), ordinance violations, traffic violations and the like. Also, please list all criminal charges (misdemeanors or felonies) currently pending against you. CHECK HERE IF NOT APPLICABLE ☐

Date	Location	Charge	Court	Disposition of Case

Release of Information Statement

As a volunteer for a position with the Menomonie Police Department, I am willing to furnish information for use in determining my qualifications. In this connection, I authorize release of any and all information that you may have concerning me, including information of a confidential or privileged nature. I hereby release you, your organization, or others from liability or damage, which may result from furnishing the information requested.

I understand that for security reasons a basic clearance check will be conducted and I will be fingerprinted. Further background information will be requested only if a specific volunteer assignment calls for a full security check.

I understand that falsifying statements on this application or during the interview process is cause for my immediate dismissal from the MPD V.I.P.S. program.

The undersigned does hereby agree to fully release, indemnify, defend and hold harmless the City of Menomonie and any of its officers, officials, employees, agents and the like from and against any and all liability, loss, damage, expense or costs (including attorney's fees) arising in any way out of my volunteer activities except where such liability results from the sole negligence or willful misconduct of the City of Menomonie.

PLEASE NOTE: The City of Menomonie does not provide insurance coverage for volunteers.

THE UNDERSIGNED HAS READ THIS DOCUMENT IN ITS ENTIRETY AND UNDERSTANDS THAT CERTAIN LEGAL RIGHTS ARE OR MAY BE FORFEITED BY VOLUNTARILY SIGNING THIS AGREEMENT BELOW.

_____ _____

Applicant Signature Date

_____ _____

Parent or Guardian (if under age 18) Date

To be completed by MPD Staff:

Criminal History Check ☐ Reference Check ☐ Employment History ☐