



DeKalb County Police Department's Volunteers in Police Service (VIPS) Program

The DeKalb County Police Department began the VIPS program in the summer of 2011 with aspirations of offering citizens, business owners, and business volunteers an opportunity to volunteer within the Police Department by assisting with various non-confrontational and administrative-type duties.

Some of the duties which may be available to volunteers include (but are not limited to):

- Staffing a Precinct's reception desk (answering phones, paperwork, etc.)
- Assist with a variety of administrative-type duties
- Participate in Ride-A-Longs (as approved)
- Assist with special events and projects

The requirements for participation in this volunteer program will include:

- At least 21 years old
- Be a citizen, business owner, or business volunteer from an area served by the DeKalb County Police Department
- Successfully complete a comprehensive background check
- No prior felony convictions
- No misdemeanor convictions in the past five (5) years
- No DUI convictions in the past ten (10) years
- Successfully complete training appropriate to their assignment
- Must volunteer a minimum of 12 hours per year

If the applicant has a significant criminal history or prior unlawful or immoral conduct, the applicant will not be selected. If adverse information is discovered after the volunteer is selected, the volunteer will be subject to removal from the program.

For more information on the VIPS program, please contact one of the Precinct Public Education Specialists or Sgt. Victor Murchison at 770-724-7431.



DeKalb County Police Department Volunteers in Police Service (VIPs)



Thank you for your interest in volunteering with the DeKalb County Police Department. The information you provide will enable us to place you in the position best suited for you and for the needs of the Department. Please note the application process can take from six to eight weeks, depending on the number of applications received.

Name (Last, First, Middle)	Race/Sex	Date of Birth
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Home Address	Home Phone
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How long have you lived at the above address, owned your business, or volunteered at a business?	Within which Precinct do you live?
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Cell Phone	Work Phone	Email Address
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Employment History

Please list all of your employers for the last five (5) years. If you have been retired for that period, please list your last employer of record at least five (5) years from the date of your retirement. If necessary, use a separate sheet of paper.

Present Employer	Title	Supervisor
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Employer Address	Telephone Number	Date Hired
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Name of Past Employer	Title	Supervisor
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Employer Address	Telephone Number	Dates of Employment
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Name of Past Employer	Title	Supervisor
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Employer Address	Telephone Number	Dates of Employment
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Education

List the names and addresses of all the schools you have attended, beginning with high school. Please list the school's name, year of completion, degree earned, and address of the institution. If necessary, use a separate sheet of paper.

High School	Dates Attended	Year Graduated
Address of School		Telephone Number
College/Technical School	Dates Attended	Year Graduated/Degree
Address of School		Telephone Number

Background

List any traffic violations you have been convicted of in the last two (2) years. If necessary, use a separate sheet of paper.

List any and all arrests, convictions, or citations (other than traffic violations) you have ever experienced. If necessary, use a separate sheet of paper.

Personal References

Please provide us the names and contact information of two (2) persons, not related to you, who can serve as a personal reference.

Name of Reference	Relationship	Telephone Number
Name of Reference	Relationship	Telephone Number



DeKalb County Police Department
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Emergency Contact Information

Please provide us a person to contact in case of an emergency.

Name of Emergency Contact	Relationship	Home Phone Number
Address of Contact	Cell Phone Number	Alternate Contact Information

Medical History

Medical information is needed in the event of an emergency. List any medications you are currently taking and the reason for which they are used, and any other medical information you feel the DeKalb County Police Department should know. Include information on limits to your physical activities. If necessary, use a separate sheet of paper. All information provided will be kept strictly confidential.

Certification & Signature

Please review your answers carefully and read the statement below before signing this application

I hereby certify that there are no misrepresentation, omissions, or falsifications in the foregoing statements and answers to questions. I understand and acknowledge that any omission or false statement on this application shall be sufficient cause for rejection or dismissal from the DeKalb County Police Department's VIPs Program. I further understand and acknowledge that the purpose of the VIPs Program is not to train the public to perform as police officers and that all Volunteer Programs are non-confrontational.

I further acknowledge that through my participation I may be privy to confidential information that is not available to the general public and any release of that information may result in civil suit and/or criminal charges and/or jeopardize the activity and safety of law enforcement officials. I shall abide by the policies, procedures, rules and regulations set forth by the DeKalb Police Department to govern participation in the VIPs Program. I hereby grant the DeKalb Police Department and its agents my express permission to conduct a thorough background investigation that may include, but not be limited to, fingerprinting, criminal history, employment history, personal references, and otherwise personal and confidential information.

_____ Signature	_____ Date
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Thank you for your interest in the DeKalb County Police Department's Volunteers in Police Service (VIPs) Program. Please return the completed application, addendum, and the Volunteer Waiver of Liability to:

Program Administrator Attn. Sgt. VM Murchison
Volunteers in Police Service (VIPs) Program
DeKalb County Police Department
1960 W. Exchange Place
Tucker, GA 30084



DeKalb County Police Department Volunteers in Police Service (VIPs)



Volunteer Skills and Interests

On the following lines, please list your unique skills and abilities. If you have any special certifications, licenses, etc., also list them here. Please print neatly and include any license/certification number(s).

Additional Language(s) Spoken?

Computer Skills?

Following is a list of some of the volunteer jobs which may be available to VIPs upon acceptance into the program. Please indicate which of these jobs interest you. We will contact you with further information once accepted into the program.

<input type="checkbox"/>	Screening Receptionist/Administrative Work
<input type="checkbox"/>	Motor Maintenance Assistant
<input type="checkbox"/>	Criminal Investigations (CID) Assistant
<input type="checkbox"/>	Special Events Assistant
<input type="checkbox"/>	General Precinct Assistant

Is there any other information that you believe would be helpful to us when considering where to place you as a volunteer within our Department?

Signature

Date



DeKalb County Police Department
Volunteers in Police Service (VIPs)



Volunteer Waiver of Liability

I, _____, the undersigned volunteer (hereinafter referred to as the “Releaser”), being over the age of twenty-one (21), have voluntarily chosen to participate in the DeKalb County Police Department Volunteers in Police Services Program (VIPs; hereinafter referred to as the “Program”).

I acknowledge that the Program involves training and subsequent engagement in observing, accurately identifying, and efficiently reporting suspicious and/or criminal activity. I recognize the risk and potential dangers of observing, identifying, and reporting suspicious and/or criminal activity and agree to assume all risks attendant to participation in the Program. For and in consideration of the training I will receive for the Program, I hereby agree to release, acquit, and forever discharge DeKalb County, Georgia, its officers, agents, and employees (hereinafter referred to as the “Releasees”), in their private and public capacities, from any and all actions, causes of action, claims, demands, damages, costs, loss of services, expenses and compensation on account of, or in any way growing out of, any and all known and unknown personal injuries and property damages, including any motor vehicle accidents on either public streets or private property, negligence claims and wrongful death claims and any other claims resulting or to result from my participation in the Program.

I further agree and covenant, for the consideration provided above, not to file any claim, lawsuit or other proceeding, whether judicial or administrative, against the Releasees for any personal injury, property damage, wrongful death or other injury suffered by me (including but not limited to any negligence claims and wrongful death claims that may arise or result from my participation in the Program. I acknowledge and hereby expressly state that in making this release and covenant not to sue, it is understood and agreed that:

1. I rely wholly upon my own judgment, belief and knowledge of the nature of my decision to participate in the Program
2. I have not been influenced to any extent whatever in making this release by any representations or statements made by the Releasees
3. I recognize and acknowledge that DeKalb County makes no warranties, express or implied, as to the Program
4. I recognize and agree that while participating in the Program that I shall not be an agent, servant, or employee of DeKalb County and will not be covered by DeKalb County for any worker’s compensation, death or disability benefits.

It is my express intention in signing this release to bind myself, my spouse, and my executors, administrators and assigns. This release is for the benefit of DeKalb County, including but not limited to all of the Releasees, and all others who may be liable to me for damage to person or property arising out of my participation in the Program. It is further agreed that the execution of this release shall not constitute a waiver by DeKalb County, including but not limited to all of the Releasees, of the defense of sovereign immunity, when applicable, or any other defenses recognized by the courts of the State of Georgia or any Federal court under state or federal law. Acceptance of this release is not to be construed as an admission of any liability whatsoever by DeKalb County, including but not limited to the Releasees.

This release contains the entire agreement between and among the parties hereto, and the terms of this release are contractual and not a mere recital.

I, the undersigned, have carefully read the foregoing release and know and understand the contents thereof. I sign this release freely and voluntarily, with full knowledge of its significance, intending to be legally bound thereby.

Signature

Date

Name (print)

Street Address

City, State & Zip Code

Telephone Number