



# ALLIANCE POLICE DEPARTMENT

## Volunteer In Policing (V.I.P.) Application



Please fill out completely or the application will not be processed. If any section does not apply to you, please indicate by writing "N/A". The Alliance Police Department appreciates your interest in service and commends your spirit to volunteer.

Applicant						
NAME: <i>(First, MI, Last)</i>				Date Of Birth:	Age:	
Driver's License No.	DL St:	Sex:	Race:	Height:	Weight:	Eyes:
						Hair:
Cell Phone #		Work Phone#		E-mail Address:		
Residential Address:			City:	State:	Zip:	
Previous Address:			City:	State:	Zip:	
Employer:		Occupation:	Employer Add: <i>(Street Add., City, St, Zip)</i>			
Nicknames Used:	Current Illness or Meds:	Known Allergies:		Blood Type:	Name of Spouse:	
Have you ever been arrested, and if so for what reason:						
Emergency Contact						
NAME: <i>(First, MI, Last)</i>			Cell Phone #		Work Phone#	
Residential Address:			City:	State:	Zip:	
Skills and Expertise						

POLICE DEPARTMENT USE ONLY			
<input type="checkbox"/> RECORDS	WANTS OR WARRANTS	CRIMINAL HISTORY	COMPLETED BY:
<input type="checkbox"/> NCIC	<input type="checkbox"/> YES <input type="checkbox"/> NO ATTACH PRINTOUT	<input type="checkbox"/> YES <input type="checkbox"/> NO ATTACH PRINTOUT	
<input type="checkbox"/> NCJIS CHECK			
APPROVED BY SUPERVISOR / BADGE No. :	SIGNATURE:	DATE:	OFFICER ASSIGNED:

ATTACH A COPY OF IDENTIFICATION



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## AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I (full name of applicant), \_\_\_\_\_, do hereby authorize a review of and full disclosure of all criminal records concerning myself to any duly authorized agent of the City of Alliance Police Department, whether the said records are of a public, private, or confidential nature.

I understand that any information obtained by a personal history background investigation that is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for volunteer work by the City of Alliance Police Department. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information, and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

A photocopy of this release form will be valid as an original thereof, even if the said photocopy doesn't not contain an original writing of my signature.

IN WITNESS THEREOF, I SET MY HAND THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_ Time: \_\_\_\_\_

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

\_\_\_\_\_  
WITNESS