

Are you interested in a career in law enforcement or similar field?

Are you curious about the day to day activities of your local police department?

The Buckhannon City Police Department is starting a new program designed specifically for 14 – 18 year old students:

Junior Volunteer In Police Service (JRVIPS) program

This program is an extension of the current VIPS program for age 18 and older.

Participants will learn about:

- Laws and ordinances
- Crime scene investigations
- Vehicle accident investigations
- Evidence processing
- Police equipment
- And much more...

Participants will experience:

- Mock traffic stops
- Mock crime scene
- Mock vehicle accidents
- Trips to outside agencies & facilities
- Assisting the VIPS units
- And much more...

BUCKHANNON POLICE DEPARTMENT

Junior VIPS Membership Application

Matthew Gregory, Chief of Police

Date _____

I. PERSONAL INFORMATION

LAST NAME FIRST NAME FULL MIDDLE NAME MAIDEN NAME

DOB: _____ Age: _____ S.S. # _____

Current Physical Address: _____
STREET CITY STATE ZIP

Previous Physical Address (if less than 10 years at current):

STREET CITY STATE ZIP

E-Mail: _____ Home Phone #: _____ Mobile #: _____

Occupation: _____ Date of Employment: _____ Length of Employment: _____

Explain your position: _____

Company Name: _____ Supervisor: _____

Address: _____
STREET CITY STATE ZIP

May we contact your employer? **Yes** or **No** Hours/Shift typically worked? _____

II. HEALTH

Please list any medical problems, special needs, and/or medication(s) you are presently taking that might prevent you from performing assigned duties:

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IV. EDUCATION

Are you currently enrolled in an institute of higher learning? **Yes** or **No**

If yes, when is your projected graduation date? _____

Completed Education: *(Check all that apply)*

Less than 12 High School GED Vocational School Some College College

Highest Degree Earned:

GED Diploma Vocational Certification Associates Bachelors Masters

List any subjects of special studies, majors, minors, research work, and foreign languages you speak fluently:

(Use additional sheets as necessary)

V. COMMUNITY INVOLVEMENT

List any community organizations/volunteer work you are or have been involved in?

(Please underline the organizations/work you are currently involved in)

VI. DEPARTMENT QUALIFICATIONS

What type of training, experiences, or skills do you possess that would be beneficial to the Buckhannon Police Department if you were allowed membership into the Buckhannon Police Department Junior VIPS program?

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III. BACKGROUND

Do you have your parent / guardian's permission to participate in the Junior VIPS program? **Yes** or **No**

I, _____, being the applicant's parent / guardian, do grant permission for the
Applicant's Parent / Gaurdian

applicant to participate in the Junior VIPS program.

Signed, _____ Date: _____
Applicant's Parent / Gaurdian

Have you ever been arrested for a crime other than traffic offenses? **Yes** or **No**

If yes, please explain with disposition and dates.

NOTE: ANY APPLICANT CONVICTED OF A FELONY IS INELIGIBLE TO ATTEND.

Do you have a valid driver's license? **Yes** or **No**

Driver's License number: _____ State: _____

Has your driver's license ever been suspended or revoked? **Yes** or **No**

If yes, please list date(s) and reason(s) for suspension/revoke.

Do you have reliable transportation? **Yes** or **No**

Can you devote at least eight (8) hours per month to a Junior VIPS position? **Yes** or **No**

**Note – unless an event requires 8 hours, 8 hour dedication does not have to be consecutive hours.*

Please explain why you would like to be a Junior Volunteer In Police Service: *(Use additional sheets as necessary)*

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VII. REFERENCES

Please supply three (3) character references who are not relatives.

1) Name: _____

Phone Number(s): _____

Employer: _____ Job Title: _____

Relationship: _____ Number of Years Known: _____

2) Name: _____

Phone Number(s): _____

Employer: _____ Job Title: _____

Relationship: _____ Number of Years Known: _____

3) Name: _____

Phone Number(s): _____

Employer: _____ Job Title: _____

Relationship: _____ Number of Years Known: _____

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VIII. INVESTIGATION WAIVER

The undersigned does hereby authorize the City of Buckhannon, West Virginia, or its agents, including but not limited to the City Recorder and the Police Chief of the City of Buckhannon, to conduct a background investigation into such matters comprising my personal history, and specifically including but not limited to the conducting of an investigation seeking to determine whether I have any previous criminal arrest or conviction record in the State of West Virginia or elsewhere.

This authorization shall further specifically permit any person whatsoever or agency whatsoever, including but not limited to the Criminal Identification Bureau (C.I.B.) to release any information solicited by the City of Buckhannon or its agents.

I understand that any information and records obtained as a consequence of my background investigation may be considered by the City of Buckhannon and the Council of the City of Buckhannon in determining my suitability for selection in the Junior VIPS Program by the City of Buckhannon. I expressly hereby save and hold harmless, and release from any and all liability, the City of Buckhannon, its agents and the Council as a consequence of any solicitation of information, and I further expressly hereby save and hold harmless, and release from any and all liability, any person whomsoever or agency whatsoever who provides any information which is solicited.

A photocopy of this authorization shall be as valid as the original hereof.

WITNESS my signature at Buckhannon, Upshur County, West Virginia this

_____ day of _____, 20____.

WITNESS BY:

(signature of witness)

(printed or typewritten name of person
authorizing release of information)

(signature of person authorizing release of information)

SS# _____

DOB _____

HOME STATE _____

BUCKHANNON POLICE DEPARTMENT

*Junior VIPS Membership Application
Matthew Gregory, Chief of Police*

IX. SIGNATURES

(Complete in the presence of Notary Public)

I, _____, *do solemnly swear and hereby*

PRINTED FULL APPLICANT NAME

certify that there are no willful falsifications, omissions, or misrepresentations in the foregoing statements and answers to questions. I understand that any omission or false statement on this application shall be sufficient cause for rejection for enrollment or dismissal from the Buckhannon Police Department Junior VIPS Program. I also grant permission for the Buckhannon Police Department to verify the above information contained on this application and check for prior criminal history.

SIGNATURE of APPLICANT

DATE

SIGNATURE of PARENT / GUARDIAN (if under age 18)

DATE

NOTARY USE ONLY

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ by

Date

Name Of Person Acknowledged

My commission expires _____

Notary Public

