

V.A.P.P. Volunteer Application



1.Name First: _____
Middle: _____
Last: _____

Other Legal Names Used: _____
(Ex. Maiden/Married)

2.Date of Birth: _____

3.Social Security Number: _____

4.Home Address: _____

City _____ State _____ Zip _____

4 a. Previous Addresses

5.Phone: _____ Alternate Phone: _____

6.Email Address: _____

7.Social Media - Accounts: Facebook/Instagram X
 LinkedIn Other: _____

Handles: @ _____

Thank you for your interest in the Volunteers Assisting Pueblo Police (V.A.P.P.) Program!



V.A.P.P. Volunteer Application (Supplemental Information)

Printed Name: _____

It is a normal part of the Pueblo Police Volunteer Program procedure to perform checks (record and reference) on the suitability of new personnel due to the nature and sensitivity of the work. This standard is equally applicable to volunteers in that voluntary staff is treated with the same seriousness and consideration given professionals. Also, the successful completion of a polygraph examination is a qualification to work in certain units or program.

If accepted, I agree to adhere to the policies and procedures of the Pueblo Police Volunteer Program and the City of Pueblo which include the confidentiality of information.

Signature _____

Date _____

Upon a mutually agreeable assignment with the Volunteers Assisting Pueblo Police, would you agree to at least one year of service?

YES

NO

List four references (do not include relatives)

1. Name _____ Phone _____
Address: _____ City _____ State _____ Zip _____

2. Name _____ Phone _____
Address: _____ City _____ State _____ Zip _____

3. Name _____ Phone _____
Address: _____ City _____ State _____ Zip _____

4. Name _____ Phone _____
Address: _____ City _____ State _____ Zip _____

Additional Applicant Information:

1.Current Employer:

2.Describe your duties on your current or most recent job(s):

3.List special skills, training, foreign languages, or computer skills you possess:

4.Please list any previous or present volunteer experiences:

5.List any community affiliations (clubs, organizations, church):

6.What days and times are you available for volunteer work?

7.Are you actively seeking employment? YES NO

8.Are you or were you ever P.O.S.T. Certified? YES NO

9.Have you completed an Associate's degree or higher? YES NO

10.Have you ever served in the Military? YES NO

11.Do you have a valid Colorado Driver's License? YES NO

Supplemental Application

- | | | |
|---|-----|----|
| 1. Has your driver's license in any state ever been surrendered, denied, revoked, suspended, restricted or placed on probation? | YES | NO |
| 2. Have you ever been arrested for operating a motor vehicle while impaired or under the influence of drugs and or alcohol | YES | NO |
| 3. Are you now or have you ever been the subject of a restraining order? | YES | NO |
| 4. Are you now, or have you ever been a member or associate of a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability? | YES | NO |
| 5. Have you EVER committed any crime involving a sex offense? | YES | NO |
| 6. Have you ever been terminated or asked to resign from any employer? | YES | NO |
| 7. Have you ever taken anything without permission, including money or merchandise, from a place where you worked? | YES | NO |
| 8. Have you EVER been charged/convicted of a misdemeanor criminal offense? | YES | NO |
| 9. Have you EVER been charged/convicted of a felony criminal offense? | YES | NO |
| 10. Have you ever committed any offenses, including but not limited to: | | |
| Harassment Restraining Order Violation Auto Theft | | |
| Robbery Disorderly Conduct Criminal Mischief | YES | NO |
| Arson Forgery /Fraud Child Abuse | | |
| Burglary Assault Domestic Violence | | |
| Trespassing Theft Sexual Assault | | |

11. Have you EVER illegally used, tried or experimented with any substance including:

Marijuana, Hashish/Hashish Oil	Steroids		
Methamphetamines/ Amphetamines	Hallucinogens	YES	NO
Opioids or Heroin	Morphine		
Barbiturates or "downers"	Mescaline		
Designer Drugs (Ecstasy, etc.)	Glue		
Cocaine/Crack Cocaine	Quaaludes		
GHB or "Date Rape Drug"	Inhaled Paints/Solvents		

Any other substance intended to cause intoxication

12. Have you EVER obtained a prescription medication or controlled substance fraudulently or by forging a prescription order, or used a prescription drug belonging to someone else? YES NO

13. Have you used marijuana in any form in the last 2 years? YES NO

14. Please explain any YES answers above:

15. Please be prepared to provide a photocopy or scan of your valid driver's license with this application packet.

I certify that the information in this application, supplement, and any attachments are true and complete to the best of my knowledge. I understand and agree that any false information, misrepresentations, omissions, or misleading statements may subject me to disqualification and rejection of this application. I understand that it is my responsibility to keep the City of Pueblo informed of changes in my application, including address, phone number, employment, availability, etc.

Signature: _____ Date: _____

Authorization for Release of Information

I, _____ Police Department in the City of Pueblo, CO hereby authorize full disclosure of the following described records and information concerning me to any duly authorized agent or other as an applicant for the volunteer program with the Pueblo representative of the City of Pueblo.

I authorize any agency of the City of Pueblo, which conducts this investigation, to disclose all information obtained during this investigation to any other agency of the City of Pueblo for the purposes stated herein.

I understand that some or all of those records may contain information concerning me, which would be personal, confidential, privileged or protected from disclosure without this authorization.

I authorize and consent to full and complete disclosure of the following records and information: educational, financial, credit, business, tax, utility, past or present employment, health care, hospital, medical, workers compensation, polygraph, criminal, civil, traffic, other court records, and any other records or information concerning my history.

I understand that certain sources of such records or information may require an additional, separate or specific release, which I agree to sign and deliver to the City of Pueblo.

I intend this authorization to provide full access to the background and history of my personal life, and that any information obtained during the background investigation will be used by the City of Pueblo for the purpose of determining my suitability or eligibility to volunteer with the Pueblo Police Department.

I understand that all information obtained during this investigation will be used by the Pueblo Police Department solely for its official use and only for the purposes stated herein, and that such information will not be re-disclosed to me or any other person except as required by law.

I agree to indemnify and hold harmless any person, agency or institution, and their agents or employees, to who this authorization is presented, from and against all claims, damages, losses and expenses, including attorney fees, arising out of or by reason of furnishing information pursuant to this authorization.

I understand that otherwise confidential information and the sources of such information furnished pursuant to this authorization, which include a copy of my signature, shall be as valid as the original.

Signature _____

Date _____

Social Security: _____

DOB: _____