

# Heber City Volunteers in Police Service (VIPS)

## Application Packet



### Mission Statement

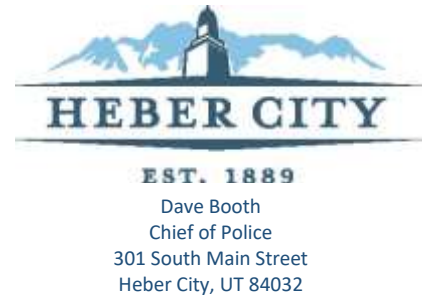
To enhance the safety and security of Heber City residents through a cooperative effort with the Heber City Police Department.

### Vision Statement

The Heber City VIPS goal is to increase the police department's capabilities, assist with crime deterrence, improve community-police relations, increase public awareness, and serve as a model for future volunteer organizations.

### Return the attached application to:

Attn: VIPS Coordinator  
**Heber City Police Department**  
301 South Main Street  
Heber City, UT 84032  
Phone: 435-654-3040  
Fax: 435-654-3286  
[www.ci.heber.ut.us](http://www.ci.heber.ut.us)



April 26, 2021

Dear Applicant:

Thank you for your interest in the Heber City Police VIPS program. We depend on volunteers like you to keep this program running. There are many areas of need and we are looking for people with all types of backgrounds. Be sure to review the eligibility requirements on the next page as well as the checklist to make sure you have all the required information.

Once received, your application will be reviewed to match your skills and qualifications to the needs of the community. If a match is found you will be contacted for an oral interview. If selected, we will complete a background investigation. If a match is not immediately found, your application will be kept on file for one year.

Due to the nature of this position and sensitive information you may be privy to, the application is quite complete. I realize it will take some time to fill out, but making sure it is complete and accurate will speed up the background process. Missing information may result in delays or removal from consideration.

If you pass the interview and background investigation, you will be asked to attend an orientation, at which time training will be scheduled. The length of the training process depends on the tasks you will be assigned to as well as the availability of yourself and the trainers.

Thank you again for your interest in the VIPS program.

Sincerely,

Bryan Bowers  
VIPS Coordinators

**Application Check List**

- |  |  |
|--|--|
| <input type="checkbox"/> Application                         | <input type="checkbox"/> Sign and Notarize:      |
| <input type="checkbox"/> Residence list (10 years)           | Letter of Understanding                          |
| <input type="checkbox"/> Employment history (10 years)       | Confidentiality Agreement                        |
| <input type="checkbox"/> Explanations of "Yes" answers       | Release of Information                           |
| <input type="checkbox"/> Copy of your current Driver License | <input type="checkbox"/> Optional: Attach resume |

**If selected, you will need to show the following before a background investigation can be completed:**

- Certified copy of your birth certificate or passport
- Social Security Card
- Proof of auto insurance
- Diplomas, current licenses and/or certificates you listed in this application

If you do not have these documents, you may want to get started now on obtaining them. We will only view the originals, make copies and then immediately hand them back to you.

**Eligibility Requirements:**

- At least 18 years of age.
- Able to commit to 12 hours per month for a minimum of 6 months.
- No felony convictions. (Misdemeanor crimes will be considered on a case by case basis)
- In good physical and mental health. Those with disabilities are encouraged to apply, however there may or may not be suitable tasks depending on the nature of the disability.
- Must not be using any illegal substance or be addicted to alcohol or prescription drugs. (Prior drug use will be looked at on a case by case basis)
- Must pass a background investigation prior to starting this position that will include: criminal, personal, financial, and employment histories.

**As a volunteer you:**

- Shall NOT perform any duty until trained and authorized to do so.
- Shall NOT represent or act on the behalf of the Heber City Police Department or VIPS while NOT on Duty.
- Shall NOT carry any dangerous weapon as defined in UT Stat. § 76-1-601 (2009) while performing duties as a volunteer. This policy applies even if you hold a valid carry and conceal weapon permit.
- Shall NOT attempt to capture, detain or arrest anyone.

**Areas of Interest:**

Select all that apply, if none, select other and list areas that you feel you could be of assistance.

- |   |   |
|---|---|
| <input type="checkbox"/> Administrative                             | <input type="checkbox"/> Medical            |
| <input type="checkbox"/> CERT                                       | <input type="checkbox"/> Neighborhood Watch |
| <input type="checkbox"/> Citizen Patrol                             | <input type="checkbox"/> Public Speaking    |
| <input type="checkbox"/> Communications                             | <input type="checkbox"/> Teaching           |
| <input type="checkbox"/> Events (Fair Days, Music at the Park, etc) | <input type="checkbox"/> Traffic Control    |
| <input type="checkbox"/> Explorer Post (Boy Scouts)                 | <input type="checkbox"/> Victim Services    |
| <input type="checkbox"/> Vehicle Maintenance                        | <input type="checkbox"/> Other _____        |
| <input type="checkbox"/> Building Maintenance                       | _____                                       |

**Availability:** Select shifts that you would be available for at least 2 hours

- | Monday                           | Tuesday                          | Wednesday                        | Thursday                         | Friday                           | Saturday                         | Sunday                           | Holidays                         |
|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> Day     | <input type="checkbox"/> Day     | <input type="checkbox"/> Day     | <input type="checkbox"/> Day     | <input type="checkbox"/> Day     | <input type="checkbox"/> Day     | <input type="checkbox"/> Day     | <input type="checkbox"/> Day     |
| <input type="checkbox"/> Evening | <input type="checkbox"/> Evening | <input type="checkbox"/> Evening | <input type="checkbox"/> Evening | <input type="checkbox"/> Evening | <input type="checkbox"/> Evening | <input type="checkbox"/> Evening | <input type="checkbox"/> Evening |
| <input type="checkbox"/> Grave   | <input type="checkbox"/> Grave   | <input type="checkbox"/> Grave   | <input type="checkbox"/> Grave   | <input type="checkbox"/> Grave   | <input type="checkbox"/> Grave   | <input type="checkbox"/> Grave   | <input type="checkbox"/> Grave   |

**Applicant Information**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First Middle

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

SSN: \_\_\_\_\_ AKA: \_\_\_\_\_  
Include nicknames, married and maiden names.

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
Type (Home, Cell, Work) Type (Home, Cell, Work)

Email: \_\_\_\_\_ Preferred contact method:  Phone  Email

Have you submitted any applications to any department of Heber City in the past?  Yes  No

If so, when?: \_\_\_\_\_ What position(s):? \_\_\_\_\_ Were you hired?:  Yes  No

List the name and date of birth of each occupant in your household.

- |   |   |
|---|---|
| 1. _____ <input type="checkbox"/> Yes <input type="checkbox"/> No | 2. _____ <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Name DOB Ever Arrested  | Name DOB Ever Arrested  |
| 3. _____ <input type="checkbox"/> Yes <input type="checkbox"/> No | 4. _____ <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Name DOB Ever Arrested  | Name DOB Ever Arrested  |
| 5. _____ <input type="checkbox"/> Yes <input type="checkbox"/> No | 6. _____ <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Name DOB Ever Arrested  | Name DOB Ever Arrested  |

Mailing Address: \_\_\_\_\_  
Street or PO Box Apt/Unit City State Zip

Physical Address: \_\_\_\_\_  
Street Apt/Unit City State Zip

Own  Rent  
Landlord's Name Phone Mailing or Email Address

List languages you are fluent in? \_\_\_\_\_

How did you hear about VIPS? \_\_\_\_\_

**Please write a short paragraph explaining why you want to be an HCPD VIPS member:**

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**Employment History**

List all employment for the past 10 years including all volunteer and part time work. Explain any gaps and attach additional pages if necessary. Indicate your first job if less than 10 years ago. We must have an email or mailing address for each employer.

Company	City/ST	Job Title	Start Date	End Date
Supervisor	Phone	Email or mailing address		
Duties		Reason for leaving		
Company	City/ST	Job Title	Start Date	End Date
Supervisor	Phone	Email or mailing address		
Duties		Reason for leaving		
Company	City/ST	Job Title	Start Date	End Date
Supervisor	Phone	Email or mailing address		
Duties		Reason for leaving		
Company	City/ST	Job Title	Start Date	End Date
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Duties		Reason for leaving		
Company	City/ST	Job Title	Start Date	End Date
Supervisor	Phone	Email or mailing address		
Duties		Reason for leaving		
Company	City/ST	Job Title	Start Date	End Date
Supervisor	Phone	Email or mailing address		
Duties		Reason for leaving		

**Employment History Continued**

Copy this page if you need additional space. Remember to include all volunteer work.

Company	City/ST	Job Title	Start Date	End Date
Supervisor	Phone	Email or mailing address		
Duties		Reason for leaving		
Company	City/ST	Job Title	Start Date	End Date
Supervisor	Phone	Email or mailing address		
Duties		Reason for leaving		
Company	City/ST	Job Title	Start Date	End Date
Supervisor	Phone	Email or mailing address		
Duties		Reason for leaving		
Company	City/ST	Job Title	Start Date	End Date
Supervisor	Phone	Email or mailing address		
Duties		Reason for leaving		
Company	City/ST	Job Title	Start Date	End Date
Supervisor	Phone	Email or mailing address		
Duties		Reason for leaving		
Company	City/ST	Job Title	Start Date	End Date
Supervisor	Phone	Email or mailing address		
Duties		Reason for leaving		

**Residence History**

List all residences for the past 10 years, including foreign addresses.

Were you ever evicted?  Yes  No. If so, which address? \_\_\_\_\_

<input type="checkbox"/> Own	<input type="checkbox"/> Rent						
		Street	City	ST	Zip	Country	From To
		Landlord's Name		Phone	Mailing or Email Address		
		Street	City	ST	Zip	Country	From To
		Landlord's Name		Phone	Mailing or Email Address		
		Street	City	ST	Zip	Country	From To
		Landlord's Name		Phone	Mailing or Email Address		
		Street	City	ST	Zip	Country	From To
		Landlord's Name		Phone	Mailing or Email Address		
		Street	City	ST	Zip	Country	From To
		Landlord's Name		Phone	Mailing or Email Address		
		Street	City	ST	Zip	Country	From To
		Landlord's Name		Phone	Mailing or Email Address		
		Street	City	ST	Zip	Country	From To
		Landlord's Name		Phone	Mailing or Email Address		
		Street	City	ST	Zip	Country	From To
		Landlord's Name		Phone	Mailing or Email Address		
		Street	City	ST	Zip	Country	From To
		Landlord's Name		Phone	Mailing or Email Address		



**Additional Background Questions**

**1. List all licenses you have held in any state beginning with Driver Licenses.**

State	Type	Number	Exp Date	Was it ever denied/suspended/revoked? If so list reason.
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No _____

**2. Have you lived outside of Utah at any time during the past 5 years?**  Yes  No

**3. Are you a U.S. Citizen?** (If naturalized, list certificate number) \_\_\_\_\_  Yes  No

**4. Permanent Resident?** (If yes, list Alien registration number) \_\_\_\_\_  Yes  No

**5. List and explain all illegal drug use during your lifetime.**  No Drug Use

This includes illegal drugs as well as prescription medication not prescribed to you, or medication used other than as directed that was prescribed to you. Include last date used and how many times used.

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**6. Have prescription drugs or alcohol ever caused problems in your professional or personal life?**  Yes  No

**7. Have you ever been arrested or charged with a crime?**  Yes  No

**8. Do you have any pending civil or criminal actions against you?**  Yes  No

**Explain any Yes answers to the above questions (INCLUDE DATES).** You may provide any other information that you feel we should know about before we conduct a background investigation. Attach additional pages if necessary.

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**References**

Provide 5 references that can attest to your character and ability to perform the duties of this position. Include one family member not living with you. The rest must be personal, school, church and/or professional references. Do not include supervisors that have already been listed in the employment history section. Please provide both email and mailing addresses to help expedite this process.

Name: _____	Relationship: _____	Years Known: _____
Phone: _____	Email: _____	
Mailing Address: _____		
Street	City	State      Zip

Name: _____	Relationship: _____	Years Known: _____
Phone: _____	Email: _____	
Mailing Address: _____		
Street	City	State      Zip

Name: _____	Relationship: _____	Years Known: _____
Phone: _____	Email: _____	
Mailing Address: _____		
Street	City	State      Zip

Name: _____	Relationship: _____	Years Known: _____
Phone: _____	Email: _____	
Mailing Address: _____		
Street	City	State      Zip

Name: _____	Relationship: _____	Years Known: _____
Phone: _____	Email: _____	
Mailing Address: _____		
Street	City	State      Zip

**Emergency Contacts** – One is required, the 2<sup>nd</sup> can be used for future changes.

Name: _____	Relationship: _____
Primary Phone: _____	Alternate Phone: _____
Physical Address: _____	
Street	City      State      Zip

Name: _____	Relationship: _____
Primary Phone: _____	Alternate Phone: _____
Physical Address: _____	
Street	City      State      Zip

Alternate Contact   
  New Contact   
 If new, what date was it added: \_\_\_\_\_

# Heber City Police Department Volunteers in Police Service (VIPS)

## Letter of Understanding

I understand that I am not an employee of the Heber City Police Department and am not entitled to compensation or fringe benefits. I wish to volunteer my services to the Heber City Police Department with the understanding that my position with the VIPS program or any agreements may be revoked by the Heber City Police Department at any time for any reason. I also understand it is the policy of the Heber City Police Department not to disclose the reason.

By signing I do hereby certify that to the best of my knowledge all information contained in this application is complete and accurate. I understand that any misleading or false information in this application will result in immediate disqualification for this position, or dismissal if discovered after beginning service as a VIPS member.

**Signature** \_\_\_\_\_

## Confidentiality Agreement

I realize that I may view, hear or learn confidential information regarding crimes, ongoing investigations, suspects, and victims, other members of the public, and police officers as well as other public employees. I may also learn proprietary procedures and methods in the course of my duties. I agree to respect and maintain the confidentiality of said information. I also understand that failure to do so will result in dismissal from VIPS as well as possible criminal charges.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

SUBSCRIBED AND SWORN TO BE ME on this the \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

(Seal)

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_



EST. 1889

Dave Booth  
Chief of Police  
301 South Main Street  
Heber City, UT 84032

## Release of Information

To whom it may concern:

I have applied for a volunteer position with the Heber City Police Department and respectfully request that you provide to them any information regarding my employment history, disciplinary actions, integrity, competence, and criminal history.

I authorize any government agency or former employer to release any information or documents requested by any member of the Heber City Police Department for the purpose of verifying information provided in this application, checking my criminal history, and determining my integrity, experience, and ability to perform the duties of a VIPS member. A copy of this notice is as valid as the original and may be kept on file.

I hereby release the Heber City Corporation, its agents and employees, and any organization or its agents and employees from liability from any expense, harm or loss whatsoever resulting from a background investigation conducted by the Heber City Police Department, from furnishing or attempting to furnish requested information.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

SUBSCRIBED AND SWORN TO BE ME on this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(Seal)

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_