

Tulsa Police Department • 6066 E. 66th Street North • Tulsa, Oklahoma 74117 • (918) 596-9313

Dear VIPS Applicant:

Thank you for your interest in becoming a Volunteer in Police Service. Enclosed is an application for you. Please return the completed application to:

Volunteer Coordinator Tulsa Police Department Volunteers In Police Service 6066 East 66th St. North Tulsa, OK 74117-1811

The Tulsa Police Department Volunteers in Police Service Program (VIPS) emphasizes service to the community as a whole. Volunteers assist officers in tasks that are on going and necessary to the police mission. Confidentiality is imperative and all potential volunteers are subject to a background investigation prior to acceptance.

A general knowledge of office procedures is helpful but not necessary. We can utilize persons who are willing to do repetitious tasks such as filing, stapling, and data entry. Many of our positions require some level of typing. We have a number of positions for persons who have a working knowledge of computers. A volunteer should plan to commit to a six-month period with a minimum workweek of four hours.

After your application has been processed, you will be called to set up an appointment for an interview. Again, thank you for your interest in VIPS.

Sincerely,

Mechelle Hampton, Coordinator Volunteers in Police Service



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MISSION STATEMENT

- It is the mission of the Volunteers In Police Service (VIPS) to assist the Tulsa Police Department in any way deemed needed and necessary to enable sworn officers to fulfill their assigned duties in service to the community.
- We as VIPS believe we can accomplish this mission by performing assigned tasks wherever needed.
- We recognize that as VIPS we would be under the direction of the officer or employees responsible in the respective work area.
- As VIPS, we also recognize that all information we acquire while on duty is to be kept confidential.
- Our goal as VIPS is to perform our duties in such a way that we are able to gain and maintain the approval and trust of those with whom we work.
- We as VIPS, in agreement with the Tulsa Police Department, will respect and practice sensitivity and understanding of the cultural and ethnic diversity of the City of Tulsa and of those with whom we work.



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GUIDELINES

PURPOSE:

To specify procedures, rules, and regulations that guide the overall operation of the Tulsa Police Department's Volunteers In Police Service (VIPS) program.

POLICY:

Volunteers provide valuable and necessary additional services to the Tulsa Police Department on a daily basis though the Volunteer In Police Service program. In order to maximize the productivity of this program, the following procedures and regulations are established.

ELIGIBILITY:

Volunteers must be at least eighteen (18) years of age, be able to perform at least 4 hours of volunteer service per week, and pass a background check.

APPLICATION:

Volunteer applicants must complete an application/background questionnaire and submit it to the VIPS Coordinator.

- Background investigations will be conducted on each of the volunteer applicants.
- The VIPS Coordinator and/or the supervisor for whom the volunteer will be working may interview volunteer applicants.

ASSIGNMENTS:

Volunteers are not expected to work on days that have been designated as holidays by the City of Tulsa.

- An area for parking and/or parking permits will be provided for volunteers as necessary.
- Those volunteers who wish to terminate their status are requested to provide written notification to the VIPS Coordinator at least fourteen (14) days prior to the effective date.
- A copy of the notification should be directed to the volunteer's immediate supervisor. The volunteer's identification badge and parking permit (if applicable) shall be turned in to the VIPS Coordinator.

CONDUCT IN PERFORMING:

All organizations have guidelines they follow to provide for order and management. A volunteer's work for the Tulsa Police Department entails the same responsibilities as required of all Tulsa Police Department Employees.

- Volunteers will conduct themselves in a manner that brings respect to themselves and to the Tulsa Police Department. Volunteers will perform their duties in an impartial manner consistent with the Tulsa Police Department's policy 31-136A, Performance of Duty-Nondiscrimination.
- Volunteers shall treat all information that they receive from reports, officers, or victims as confidential.
- Volunteers shall not use their association with the Tulsa Police Department to seek favors for themselves or others.
- Volunteers shall not discuss any aspect of a crime or an investigation with any person unless directed to do so by their immediate supervisor. People seeking information or advice on a criminal case shall be referred to the investigating officer or a supervisor.
- Volunteers who observe apparent misconduct by employees or volunteers shall report that misconduct to their immediate supervisor. Grave infractions shall be brought to the direct attention of the Chief of Police.
- Volunteers are expected to dress in compliance with other Tulsa Police Department employees and their guidelines or as required by their supervisor.

RIDE ALONG PRIVILEGES:

Volunteers, other than those who are also foreign language interpreters, may participate in the Citizen's Ride Along Program once a year upon completion of a Citizen Ride Along Hold Harmless Agreement. Spanish Speaking Ride Along participants and other foreign language interpreters are not limited in the number of times they may participate in the Tulsa Police Department Ride Along Program.

DISMISSAL:

Volunteers, like all Tulsa Police Department employees, are subject to dismissal for failure to follow the guidelines for behavior set forth by the department.

- Volunteers are subject to removal from the program at the discretion of the Chief of Police, the VIPS Director, and/or the VIPS Coordinator.
- Reasons for removal include, but are not limited to, the following:
- Committing a felony or misdemeanor.
- Reporting for service in an intoxicated state or possession of intoxicants on the job.

- Improperly releasing confidential information.
- Failure to report for service assignment without a justifiable cause.
- Misconduct (to include profane or abusive language).
- Volunteer's identification badge and parking permit (if applicable) shall be given to the volunteer's supervisor and then forwarded to the VIPS Coordinator.



BPAG 05/02/2001

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APPLICATION

(Please print or type)

PERSONAL INFORMA	TION:					
Last Name		First Name				Middle
Home Address		•			•	
City, State					Zip Code	
Date of Birth	Age	Sex Social Security Number M F			ber	
Place of Birth (City, State, Cour	ntry)			Rac	e	
Other names used				Hor	ne Phone	
Cell/Pager		Woi	Work Phone			
Email Address (if applicable)						
Previous Address(s) Last 5 years	S					
EDUCATION BACKGR	OUND AND M	IILITARY E	XPERIE	NCE:		
Please circle the highest level of	education complet					
		High So	chool 1 2			ege 1 2 3 4 5 6 7 8
High School/City, State College/City, State						
Degrees or certificates earned						
Military Service Branch						
Rank	Tir	Time Served			Date Discharged	
Do you speak or read a foreign l	anguage? Yes No	Which one(s)	?			

CRIMINAL HISTORY AND DRIVING RECORD:				
Oklahoma Drivers Licen	se Number			
Has your license ever be	Has your license ever been suspended or revoked? □ Yes □ No			
Traffic citations and acc	idents for the last 5 years:			
Have you ever been questioned, detained, arrested, investigated, warned or issued a citation for any misdemeanor or felony, other than traffic, either as an adult or juvenile? Yes No				
Have you ever been con-	victed of a crime? Yes No			
If yes, please explain: If yes, list the name of the agency or court, date of contact, reason for contact, charge if any, sentence if any, and disposition of incident (including deferred sentences). Provide full details on supplemental sheets when necessary.				
Date	Agency or Court	Charge		
Sentence		Disposition		
Date	Agency or Court	Charge		
Sentence		Disposition		
Date	Agency or Court	Charge		
Sentence		Disposition		
REFERENCES:				
DO NOT USE FAMIL name, complete address,		List 3 individuals you h	nave known for at least 5 years. Please list	
Name			Phone	
Street Address, City, Sta	te, Zip Code		,	
Name			Phone	
Street Address, City, Sta	te, Zip Code			
Name			Phone	
Street Address, City, State, Zip Code				

EMPLOYER HISTORY: (Please fill out completely) List employment for the	ast 5 years beginning with the most recent.
Firm Name, Supervisor	Date From/Date To (Month/Year)
Street Address, City, State, Zip Code	
Firm Name, Supervisor	Date From/Date To (Month/Year)
Street Address, City, State, Zip Code	
Firm Name, Supervisor	Date From/Date To (Month/Year)
Street Address, City, State, Zip Code	
Firm Name, Supervisor	Date From/Date To (Month/Year)
Street Address, City, State, Zip Code	
Firm Name, Supervisor	Date From/Date To (Month/Year)
Street Address, City, State, Zip Code	
VOLUNTEER INTEREST:	
How much time do you have to volunteer? (Places sirele)	
How much time do you have to volunteer? (Please circle) Hours per week: Hours available: Days available: 5 10 15 20 + M T W Th F Sat Su List any skills or interests, which would assist in placing you in an appropriate assignment.	
Hours per week: 5 10 15 20 +	nent. Attach additional sheets if necessary.
Hours per week: Hours available: Days available: 5 10 15 20 + M T W Th F Sat Su	nent. Attach additional sheets if necessary.

EMERGENCY CONTACT:			
List persons to notify in case of an emergen	icy.		
Name		Relationship	
Street Address, City, State			
Home Phone	Work Phone		Cell Phone/Pager
Name		Relationship	
Street Address, City, State			
Home Phone	Work Phone		Cell Phone/Pager
			_
	•		

THIS SECTION FOR SPANISH SPEAKING RIDE ALONG AND INTERPRETER PROGRAM APPLICANTS ONLY

Are you willing to be called out any time of day if needed?	□ Yes □ No
Can we call you at your place of employment if needed?	□ Yes □ No

In addition to this application, please submit the enclosed Hold Harmless Agreement and a brief resume of your qualifications (language, skill level, education, etc.) If you have questions please call Mechelle Hampton, VIPS Coordinator, (918) 596-9313.

CONFIDENTIALITY AGREEMENT

I have read the VIPS Guidelines and agree that I shall treat all information I receive from reports, officers, or victims as confidential. I understand that I could jeopardize the ultimate investigation of a crime by revealing information. I will not discuss any aspect of a crime or investigation with any person unless directed to do so by my supervisor. I agree that I will not use my association with the Tulsa Police Department to seek favors for others or myself. Signature: _____ Date: _____ INFORMATION AUTHORIZATION I hereby authorize any city, county, state, former employer, or any other agency to furnish to any member of the Tulsa Police Department any information considered necessary for the purpose of processing this questionnaire. A copy of this authorization shall be considered as valid as the original. Signature: _____ Date: _____ LETTER OF UNDERSTANDING AND HOLD HARMLESS AGREEMENT I understand that I am not an employee of the City of Tulsa. I am not entitled to payment for services rendered, nor am I entitled to compensation or fringe benefits other than set out below. I further acknowledge that I am a volunteer for purposes of the Fair Labor Standards Act. I wish to volunteer my services to the City of Tulsa Police Department and/or observe members of the Tulsa Police Department perform their duties. I understand that my status as a Volunteer in Police Service (VIPS) may be revoked at any time. In consideration of the above granted authority to observe and other good and valuable consideration, I, my assigned heirs, executors, or agents hereby agree to hold the City of Tulsa and the Tulsa Police Department harmless. I agree to indemnify the City of Tulsa, the Tulsa Police Department, and their agents and employees from any and all claims, damages, losses, and expenses arising out of the above described observations, volunteer work, and related activities, which is for bodily injury, illness or death, or property loss of use. Signature: _____ Date: _____ SUBSCRIBED AND SWORN TO BE ME on this the day of Notary Public

My Commission Expires:_____