

# BUCKHANNON POLICE DEPARTMENT

*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 #: \_\_\_\_\_

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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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### III. MILITARY BACKGROUND

Did you serve with any military branch? **Yes** or **No**

Are you currently serving with any military branch? **Yes** or **No**

If answering yes to either question above, please indicate which branch:

Army  Navy  Air Force  Marines  National Guard  Reserves  Coast Guard

### 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)*

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### 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)*

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## **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 VIPS program?

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

If yes, please explain with disposition and dates.

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***NOTE: 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.

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

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

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

Can you be relied upon by the Chief and/or his officers for assistance day or night if called? **Yes** or **No**

Please explain why you would like to be a 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 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 \_\_\_\_\_

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## **IX. RELEASE OF LIABILITY**

### ***\*READ BEFORE SIGNING***

In consideration of being allowed to participate in any way in the Buckhannon Police Department Volunteers In Police Service (VIPS) Program, its related events and activities such as but not limited to the response to calls with on-duty officers, I, \_\_\_\_\_, the undersigned, acknowledge, and agree that: (Print Name)

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular skills, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist: and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation: and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of VIPS Coordinator Steve Wykoff, Lieutenant Doug Loudin or Chief Matthew Gregory immediately: and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives, and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE CITY OF BUCKHANNON POLICE DEPARTMENT, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used for the activity("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property associated with my presence or participation, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

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

**Date Signed:** \_\_\_\_\_

**Witness:** \_\_\_\_\_ / \_\_\_\_\_

Signature

Print Name

**Date Signed:** \_\_\_\_\_

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## **X. 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 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

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### 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