# TIM LANE Scott County Sheriff



Chief Deputy Sheriff

EMERGENCY 9-1-1 (563) 326-8625 (563) 326-8689 (FAX)



MAJOR BRYCE SCHMIDT

Chief Deputy Sheriff

400 West 4<sup>th</sup> Street Davenport, Iowa 52801-1104 www.scottcountyiowa.com/sheriff sheriff@scottcountyiowa.com

# VOLUNTEERS IN POLICE SERVICES (VIPS) APPLICATION

Last Name	First N	ame		MI	
Address		City			
State	Zip Code		County		
E-Mail Address			Date of Birth		
Do you possess a valid driver's licen	se? Yes	No			
Driver's License Number		State o	f Issue		
This position involves lifting up to 50 lbs, standing for extended periods of time and operating a motor vehicle. Can you perform these functions without reasonable accommodation? Yes No					
Accommodations requested:					
How did you hear about Volunteers i Friend	in Police Service?	TV Channel			
Commercial TV/Radio		Web Site			
Newspaper		Other			

#### EMERGENCY CONTACT INFORMATION

Name

Relationship to you

Home Phone Number

Other Phone Number

Applicant Name

### HISTORY

Please list Employment History for last 10 years

Current Employer	Occupation
Supervisor's Name	Supervisor's Phone Number
Length of Time Employed	May We Contact Supervisor Yes No
1st Previous Employer	Occupation
Supervisor's Name	Supervisor's Phone Number

Length of Time Employed

May We Contact Supervisor Yes No

2nd Previous Employer	Occupation	
Supervisor's Name	Supervisor's Phone Number	
Length of Time Employed	May We Contact Supervisor Yes	No

Please account for any gaps in employment history.

If you need additional space to list all employers, please include additional pages at the end.

# BACKGROUND CHECK

This position requires a criminal background check. To facilitate this, please list any other names (first, middle and/or last) you have used.

Have you ever been convicted of a crime? Yes No

If yes, please provide details:

# VOLUNTEER ASSIGNMENTS

No

Do you prefer any specific type of volunteer assignments? Yes

If yes, please specify:

# SKILLS AND INTEREST

(Please check all that apply)

Clerical (filing, typing, information desk) Computer Skills (word process, data entry) Speak Multiple Languages Found Property Recovery Mailings Preparation Organizational Leadership Skills Public Speaking Telephone/Reception (answering questions and gathering information) Telephone Visitor (contacting citizens who request neighborhood information) Writing (preparing letters, memos or informational flyers)

I volunteer my services through the Volunteers in Police Services program. I authorize agents of the Scott County Sheriff's Office to conduct a security background investigation to determine whether or not I am qualified for a position in the VIPS program. If selected, I will abide by all laws, ordinances, and policies of the Scott County Sheriff's Office and the Volunteers in Police Services program. I understand that I am a Volunteer and receive no compensation or benefits for my services. I further understand that I may become aware of the confidential, sensitive or criminal intelligence information during my time as a volunteer and that I will not divulge this information to anyone outside the Scott County Sheriff's Office as required by law.

Volunteer Signature

Date

Please return this application to the:

Scott County Sheriff's Office 400 West 4<sup>th</sup> Street Davenport, Iowa 52801

History continued	Applicant Name			
3 <sup>rd</sup> Previous Employer	Occupation			
Supervisor's Name	Supervisor's Phone Number			
Length of Time Employed	May We Contact Supervisor	Yes	No	
4 <sup>th</sup> Previous Employer	Occupation			
Supervisor's Name	Supervisor's Phone Number			
Length of Time Employed	May We Contact Supervisor	Yes	No	
5 <sup>th</sup> Previous Employer	Occupation			
Supervisor's Name	Supervisor's Phone Number			
Length of Time Employed	May We Contact Supervisor	Yes	No	
6 <sup>th</sup> Previous Employer	Occupation			
Supervisor's Name	Supervisor's Phone Number			
Length of Time Employed	May We Contact Supervisor	Yes	No	
7 <sup>th</sup> Previous Employer	Occupation			
Supervisor's Name	Supervisor's Phone Number			
Length of Time Employed	May We Contact Supervisor	Yes	No	
8 <sup>th</sup> Previous Employer	Occupation			
Supervisor's Name	Supervisor's Phone Number			
Length of Time Employed	May We Contact Supervisor	Yes	No	
9 <sup>th</sup> Previous Employer	Occupation			
Supervisor's Name	Supervisor's Phone Number			
Length of Time Employed	May We Contact Supervisor	Yes	No	