

Volunteers In Police Service (VIPS)

Lehi Police Department • 580 West State Street • Lehi, Utah 84043 • (385) 201-1005

APPLICATION

(Please print or type)

PERSONAL INFORMATION:								
Last Name		First Name			Middle			
Home Address								
City, State				Zip Code				
Date of Birth	Age	Se. M	Sex Social Security Number M F					
Place of Birth (City, State, Country)					Race			
Other names used					Home Phone			
Cell/Pager				Work Phone				
Email Address (if applicable)								
Previous Address(s) Last 5 years								
EDUCATION BACKGROUND AND MILITARY EXPERIENCE:								
Please circle the highest level of education completed:								
High School 1 2 3 4 5 6 7 8								
High School/City, State	High School/City, State College/C			Sity, State				
Degrees or certificates earned								
Military Service Branch								
Rank		Time Served			Date Discharged			
Do you speak or read a foreign language? Yes No Which one(s)?								

CRIMINAL HISTORY AND DRIVING RECORD:					
Utah Drivers License Number					
Has your license ever be	een suspended or revoked? □ Yes	🗆 No			
Traffic citations and acc	idents for the last 5 years:				
	estioned, detained, arrested, investiga adult or juvenile? Yes No	ated, warned or issued a c	itation for any misdemeanor or felony, other		
Have you ever been con If yes, please explain:	victed of a crime? \Box Yes \Box No				
ii yes, pieuse expluin.					
If you list the name of the	as a gamay or court data of contrast ro	acon for contact charge i	f any, sentence if any, and disposition of		
	rred sentences). Provide full details of				
Date	Agency or Court	Charge			
Sentence		Disposition			
Date	Date Agency or Court		Charge		
Sentence		Disposition			
Date Agency or Court		Charge			
Sentence		Disposition			
REFERENCES:					
DO NOT USE FAMILY MEMBERS AS REFERENCES . List 3 individuals you have known for at least 5 years. Please list					
name, complete address	, and telephone number.		Phone		
Street Address, City, Sta	ate. Zip Code				
Satur Taaress, eng, Sano, Eip Coue					
Name			Phone		
Street Address, City, State, Zip Code					
Name			Phone		
Street Address, City, State, Zip Code					

EMPLOYER HISTORY: (Please fill out completely) List employment for the last 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? (Please circle)						
Hours per week: Hours available: Days available	e:					
5 10 15 20 + M T W Th F S	Sat Sun					
List any skills or interests, which would assist in placing you in an appropriate a	assignment. Attach additional sheets if necessary.					
Disess list one ment and in sin any second its approximations and maximum/mass						
Please list any memberships in any community organizations and previous/pres	sent volunteer experience.					
Briefly, state why you wish to volunteer your time to the Lehi Police Department. (Use additional sheet if necessary) This question must be answered.						

EMERGENCY CONTACT:							
List persons to notify in case of an emergency.							
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				