



# Houston Police Department Volunteer Initiatives Program



## Community Affairs Application

**Please fill out completely. Incomplete applications will not be processed. Please use "N/A" for section(s) that do not apply. The Houston Police Department appreciates your interest in service and commends your volunteer spirit. Please be patient during the 4-6 week process.**

*Please check only one as your Volunteer Choice:*

<input type="checkbox"/> Citizens Offering Police Support <input type="checkbox"/> (COPS) Citizens Patrol (CP) <input type="checkbox"/> Citizens Police Academy (HCPA) <input type="checkbox"/> Communicators on Patrol <input type="checkbox"/> Houston Police Foundation (HPF)	<input type="checkbox"/> Greater Houston Police Activities League (GHPAL) <input type="checkbox"/> Student Internship (SI) <input type="checkbox"/> Youth Police Advisory Council Mentor (YPAC) <input type="checkbox"/> Student Intern: Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/>
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PERSONAL INFORMATION					
Last Name:	First Name:	Age:	Race:	Sex:	Social Security #:
Home Address:			City:		Zip Code:
Home Phone:		Business Phone:		Cell Phone:	
Date of Birth:	Place of Birth:	Email Address:			
Previous Address(s) (Last five years):					

CRIMINAL HISTORY AND DRIVING RECORD:	
Texas Driver License Number:	Has your license ever been suspended or revoked: Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been arrested? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please explain:
Have you ever been convicted of a crime? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please explain:
List the number of traffic citations and accidents you had in the past two years:	

REFERENCES:			
<b>DO NOT USE FAMILY MEMBERS AS REFERENCES.</b> List three (3) individuals you have known for at least 5 years. (Please list their name, complete address, zip code, and contact telephone number.)			
Name	Address	Zip Code	Phone #
1.			
2.			
3.			

<b>EDUCATION BACKGROUND AND MILITARY EXPERIENCE:</b>			
High School Attended:	Graduated Yes <input type="checkbox"/> No <input type="checkbox"/>	Date Graduated:	
College Attended:	Graduated Yes <input type="checkbox"/> No <input type="checkbox"/>	Date Graduated	Major/Minor Degree
College Attended:	Graduated Yes <input type="checkbox"/> No <input type="checkbox"/>	Date Graduated	Major/Minor Degree
Military Branch:	Rank:	Time Served:	Date Discharged:

**EMPLOYMENT HISTORY: If you are retired, please indicate "N/A" for current employer and list prior employment information only.**

Current Employer:                      Occupation:                      From Date:                      To Date:

Billing Address: (Including city, state, and zip code):                      Phone Number:

Employment for the past ten years: (Please include the firm's name, address, supervisor, and dates):

- 1.
- 2.
- 3.

**OTHER INFORMATION:**

Have you ever had an HPD ID removed? Yes  No  If yes, please explain:

Have you ever applied to the Houston Police Department or the Police Academy? Yes  No   
 If yes, how many times have you applied and when?  
 If rejected, please explain:

Have you volunteered before? If yes, where and what did you do:

Please briefly state why you wish to volunteer your time with the Houston Police Department. (Use another sheet if necessary) *This question must be answered.*

**PACA Volunteers, please fill out the information below:**

Name of Congregation Leader:	Name of Congregation:
Address:	City, State & Zip:
Office Phone:	Email Address:

Current Date

## **VOLUNTEER INITIATIVE PROGRAM (VIP) ACKNOWLEDGEMENT, WAIVER AND RELEASE**

This form must be signed by each volunteer who will participate (Participant) in or otherwise be involved with the City of Houston (City) Volunteer Program (Program). Volunteers under age 18 must have this form signed by a parent or legal guardian.

I ACKNOWLEDGE and UNDERSTAND that I am volunteering my services to the Program gratuitously, without any express or implied promise by the City to compensate me for my services, and I ACKNOWLEDGE and UNDERSTAND that I am not entitled to, and will not receive, remuneration of any kind, including, but not limited to, salary or reimbursement for my transportation, parking, travel, or any other expenses whatsoever which may be incidental to my services as a volunteer for the Program.

I ACKNOWLEDGE and UNDERSTAND that I am not an employee of the City and therefore am not entitled to any benefits normally associated with employment, including, but not limited to, Workers Compensation, retirement and leave accrual. I ACKNOWLEDGE and UNDERSTAND that there has been, and will be, no promise of future employment with the City.

I ACKNOWLEDGE and UNDERSTAND that I am not an agent of the City and will not make any commitment on behalf of the City to third parties.

I ACKNOWLEDGE and UNDERSTAND that I must conform to the rules and regulations of the City to the best of my ability including but not limited to timely arrival at the office or work site to commence my services as a volunteer and timely notification if I cannot be in attendance. Failure to conform to these rules are grounds for termination at any time by me or by the City.

I ACKNOWLEDGE and UNDERSTAND that I will be participating in the Program at my own risk. I affirm that I am physically fit and prepared to perform services in the Program. I will not create an unsafe situation for myself or other individuals, nor will I use any tool or engage in any task which I am not completely comfortable. I will abide by all applicable federal, state and local laws as well as the rules and directions of the Program coordinators. I will call it to the attention of a safety coordinator any situation that I feel is unsafe.

I ACKNOWLEDGE and UNDERSTAND that I may be exposed to confidential information while participating in the Program and I agree to respect the confidential nature of all information whether in files, electronic form, and/or any other confidential information which may be revealed to me in any other manner (including contacts with third parties who relate confidential information to the City). I also agree not to remove such information via copies or by other recording means from the City's work locations. I represent and warrant that I am not currently representing a member of, and/or associated with any person or entity against any City interests. I further agree that I will not represent any person or entity in the future in a matter adverse to the City.

I represent and warrant that I have never been charged with or convicted of a violation of any criminal statute, whether felony or misdemeanor, (excluding parking violations) and further represent and warrant that I am not now or have never been on any form of parole, probation or deferred adjudication. I hereby authorize the City to research my personal background, as it deems necessary, for my driving records and criminal history. I further authorize the City to perform a drug test if my volunteer services include safety impact duties.

In consideration being permitted to participate in the program, I the undersigned for and on behalf of myself, my minor child (if applicable) my heirs, executors, administrators and assigns, hereby release acquit and forever discharge the City of Houston, Texas together with its former and present elected and appointed officials director, legal representatives, agents, servants, employees (in both their public and private capacities), volunteers, successors, assigns, and all affiliated persons and entities (hereafter collectively City of) from and against any and all liabilities of every kind, claims, causes of action whether at law or in equity, in contract or tort, under statutory or common law or pursuant to the Texas or United States Constitution including all expenses of litigation, costs and attorneys fees known and unknown losses, judgments, fines demands, damages, loss of use or services, or injuries to real and or personal property an/or persons (including death)(collectively claims), caused by arising out of touching upon or in any way relating to the program and/or the presence malfunction, maintenance, addition, substitution, use or condition of any tangible personal or real property owned, leased, operated or utilized by the City in connection with the program even if the claim is the result of the actual or alleged sole negligence or the city and/or the result of the actual or alleged gross negligence of the City and/or the actual or alleged joint or concurrent negligence of the City and the actual or alleged joint or concurrent negligence or the city and another person or entity, and/or the actual or alleged strict, statutory or constitutional liability of the City.

Finally, I hereby grant the City full and complete permission to use in legitimate promotions of the program photographs, video shots and quotations from me.

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Participant Signature	Participant Name
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Student ID/Driver's License Number	Date
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If under 18, signature of Parent/Guardian	Printed Name of Parent/Guardian
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Address	City	Zip
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Phone	E-Mail
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# Identity Verification for CJIS Compliance Non-HPD Personnel



Houston Police Department CJIS Compliance Unit

CJISID: \_\_\_\_\_

The Company you work for: \_\_\_\_\_

Company Supervisor Name & Contact Phone: \_\_\_\_\_

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

DL/ID Number: \_\_\_\_\_ ID State: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Email: \_\_\_\_\_

I certify that all of the information provided above is true and false information may lead to Criminal prosecution or Civil action.

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

**SECTION BELOW COMPLETED BY A LAW ENFORCEMENT AGENCY ONLY**

**On this date, the above individual appeared before me to have their fingerprints taken for the Houston Police Department's CJIS Compliance Application Process.**

Name & Title of Official Taking Fingerprints: \_\_\_\_\_

Law Enforcement Agency: \_\_\_\_\_

Address & Phone Number of Agency: \_\_\_\_\_

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



**AUTHORIZATION FOR RELEASE  
OF PERSONAL INFORMATION**  
**Non-HPD Personnel**



**Houston Police Department CJIS Compliance Unit**

Unescorted       Escorted      **CJISID:** \_\_\_\_\_

I, (print name) \_\_\_\_\_, do hereby authorize a review of and full disclosure of all criminal records concerning myself to any duly authorized agent of the City of Houston Police Department whether the said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of any records of a criminal nature including, but not limited to, information regarding arrests, criminal charges, or criminal convictions, and any information regarding contact with a criminal justice agency or any criminal case in which I presently have or have had an interest or been a party.

I understand that any information obtained by a personal history background investigation, developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my eligibility for gaining physical or logical access to any Houston Police Department facility area or any system, process, or operation whereby criminal justice information (CJI) is processed, transmitted, accessed, or stored.

I understand that the Houston Police Department will determine if access will be granted based upon the results of the background investigation and requirements stated in the Texas Department of Public Safety (Texas CJIS Systems Access Policy) and the Federal Bureau of Investigation (FBI) CJIS Security Policy. I understand that the Houston Police Department may implement stricter policies than the minimum standards provided by the Texas Department of Public Safety (Texas CJIS Systems Access Policy) and the FBI CJIS Security Policy.

I certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information, and I do hereby release said person(s) from any and all liabilities that may be incurred as a result of furnishing such information. A photocopy of this release form will be valid as an original thereof even though the said photocopy does not contain an original writing of my signature.

\_\_\_\_\_ Signature  
Witness Signature

\_\_\_\_\_ Address:  
Witness Name (printed)

\_\_\_\_\_ Date Signed: \_\_\_\_\_  
City, State Zip Code

\_\_\_\_\_ Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Race: \_\_\_\_

\_\_\_\_\_ Title: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Sex: \_\_\_\_

\_\_\_\_\_ Driver License #: \_\_\_\_\_ State: \_\_\_\_\_

\_\_\_\_\_ Telephone #: \_\_\_\_\_

\_\_\_\_\_ Name of Company  
Email: \_\_\_\_\_