



LOS BANOS POLICE DEPARTMENT VITAL APPLICATION PACKET

945 5TH Street Los Banos, CA 93635 • Telephone (209)827-7070 • Fax (209)827-7085

Gary M. Brizzee
Chief of Police

Thank you for your interest in becoming part of the Los Banos Police Department VITAL Volunteer Program. The VITAL Volunteer Program provides Los Banos residents the opportunity to provide input and have an understanding on community policing. It is highly valued for its contribution in bringing the community and department together.

Volunteer Application Checklist

Please return completed application packets to the
Police Department.

Any questions please call 209-827-7070 ext. 142

APPLICANT RESPONSIBILITY

- Volunteer application
- Notarized form
- CLETS volunteer statement

DEPARTMENT RESPONSIBILITY

- Driver's license check
- In-house computer check
- Live scan date
- Chief's meeting
- Meeting invitation
- HR notification



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Please fill out all portions of the application completely. If any section does not apply to you, indicate by writing N/A. Missing information or incomplete applications will not be reviewed.

PERSONAL INFORMATION			
Full Name:		Date of Birth:	Place of Birth:
Home Address:		City, State, Zip	
Email Address:		Other Names You Have Used:	
Home Phone:	Cell Phone:		Social Security No.:
Previous addresses in the last 5 years:			
CRIMINAL HISTORY AND DRIVING RECORD			
California Driver's License Number:		Has your license ever been suspended or revoked?	
Have you ever been arrested, convicted, and/or placed on probation for any criminal offense? If Yes, what was the offense?			
List the number of traffic citations and accidents in the past two years:			
EDUCATION			
High School Graduate: <input type="checkbox"/> Yes <input type="checkbox"/> No		College Graduate: <input type="checkbox"/> Yes <input type="checkbox"/> No	
High School Attended:		College Attended:	
EMPLOYER HISTORY If retired, please list N/A			
Current Employer:		Position Title:	From Date / To Date:
Employer Address:		City, State, Zip	
Employer Phone Number:			
Employers for the last 5 years:			
Employer Name	Phone Number	Supervisor Name	Dates Employed

Pride in Service, Integrity in Action



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EMERGENCY CONTACT INFORMATION

Name:	Address:	Contact Phone No.:	Relationship:
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TELL US ABOUT YOURSELF

What are your hobbies and interests?

Have you volunteered before? If so, when and where

Do you prefer an office setting or a more active role?

Briefly state why you wish to be a VITAL volunteer for the Los Banos Police Department

Please consider your special skills and check all areas of interest:	<input type="checkbox"/> Parades/Fairs	<input type="checkbox"/> Reception
	<input type="checkbox"/> Police Athletic League (PAL)	<input type="checkbox"/> Records/Filing
	<input type="checkbox"/> Animal Shelter & Services	<input type="checkbox"/> Traffic Control
	<input type="checkbox"/> Gang Suppression	<input type="checkbox"/> Graffiti Abatement

I hereby certify that all statements made on this application are true and authorization is given to investigate all matters contained herein. Any false statements or intentional misrepresentation will be cause for disqualification or immediate dismissal for the VITAL program at any time during the period of your placement.

Signature: _____ Date: _____



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REFERENCES: Please list at least 3 individuals you have known for the last 5 years. Do not list family members.		
Name:	Address:	Phone Number:
1.		
2.		
3.		

TERMS OF SERVICE

As a volunteer with the Los Banos Police Department, I am willing to furnish information for use in determining my qualifications.

I understand that for security reasons, a basic clearance/background check will be conducted and I will be fingerprinted. Further background information will be requested only if a specific volunteer assignment calls for a full security check.

I understand that falsifying statements on this application or during the interview process is cause for my immediate dismissal for the VITAL volunteer program.

I understand that the Los Banos Police Department will not disclose any of my information to any outside entity without my written consent.

I understand that the Los Banos Police Department reserves the right to not disclose the reason, if any, for not being selected to the volunteer program.

In signing, I hereby certify that all information contained in this application is correct and accurate to the best of my knowledge. I further authorize the Los Banos Police Department to verify criminal history and driving records as part of the background process. If accepted to perform volunteer duties for the Los Banos Police Department, I understand I may have access to confidential information and will respect and maintain all confidentiality whenever presented with it.

Signature:

Date:



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*****THIS FORM MUST BE NOTARIZED. CITY HALL HAS NOTARY SERVICES*****

AUTHORIZATION TO RELEASE INFORMATION (VITAL VOLUNTEER APPLICANT)

TO WHOM IT MAY CONCERN:

I am an applicant for the position of **VITAL VOLUNTEER** with the Los Banos Police Department. Under *California Law, Government Code Section 1031(d) and Code Regulations, Title 11, Division 2, Article 1, Section 1002(a)(3)*, my prospective employer is required to conduct an investigation into my personal fitness to serve in this capacity.

My prospective employer has reason to believe that you may have information relevant to that purpose concerning me.

I hereby direct you, your organization, its Custodian of Records, and/or persons in your employ to release any and all information which you may have concerning me, including information that may be of a confidential, privileged and/or derogatory nature (*pursuant to §6245(c) of the Government Code*), including, but not limited to: employment information, official employment documents, employment performance data, character reference information, educational records and transcripts (*pursuant to Public Law 93-380*), medical, surgical, psychological and dental records if I am offered employment with this agency (*pursuant to the Medical Information Act, Civil Code Section 56 et seq. and 29 C.F.R. 1630*), credit and financial information (*pursuant to the Banking Privacy and Fair Credit Reporting Acts*), local criminal history information (*pursuant to Penal Code Section 13300(b)[10]*) and, if I have been the victim of sexual assault *pursuant to Penal Code Section 293(d)*, and/or any other information which you may possess.

I exonerate, release and discharge you, your organization, its officers, agents and assigns, from any liability or damages, whether in law or in equity, now and in the future, for furnishing any **truthful** even though embarrassing information requested by the Los Banos Police Department. Individual responses, whether solicited or unsolicited, enjoy absolute privilege *pursuant to California Civil Code §47*. You may retain this form for your files.

A photocopy of this release is to be considered as valid as an original.
This release expires 120 days from the date of the signature.

Print Name

Signature

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of _____)
On _____ before me,
_____ (insert name and title of the officer)
personally appeared _____,
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s)
is/are subscribed to the within instrument and acknowledged to me that he/she/they
executed the same in his/her/their authorized capacity(ies), and that by his/her/their
signature(s) on the instrument the person(s), or the entity upon behalf of which the
person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____

Place Notary Seal Above

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