



Santa Ana Police Department

V.I.P.S. Volunteer Application

(Volunteers In Police Service)

Personal Information

Name	
Street Address	
City, State, ZIP Code	
Phone Number	
E-Mail Address	

Education

Highest grade completed	
College Degree obtained? Yes <input type="checkbox"/> No	Type:
Major/Course of Study	
Technical Schools	
Specialized Training	

Availability

List the days of the week and hours of the day you would be available for volunteer service.

NOTE: The V.I.P.S. program requires a minimum of eight hours of service per month.

_____ Monday	_____ Thursday
_____ Tuesday	_____ Friday
_____ Wednesday	_____ Saturday
	_____ Sunday

Interests

List the type of volunteer service you are interested in providing (e.g. Records, Investigation, Patrol, Jail).

Skills & Professional Contributions

Job Skills: (e.g. Microsoft Office, Word, Excel, typing, filing, etc.) List any foreign languages and special experience you possess which you believe would enhance your volunteer service.

Previous Volunteer Experience

Summarize your previous volunteer experience.

How did you hear about the V.I.P.S. program and why do you want to volunteer?

Emergency Contact Information

Name	
Relationship	
Street Address	
City, State, ZIP Code	
Home Phone	
Cell Phone	

CITY OF SANTA ANA
Police Department Volunteer
Release of Liability and Agreement to Indemnify and Hold Harmless

It is my desire to serve as a volunteer in the City of Santa Ana Police Volunteer Program (hereinafter to as “Program”).

I am aware that practicing in this Program can be hazardous. I am aware of the dangers involved which may place me at risk for possible injury, death, or damage to my personal property and I hereby agree to accept, on my behalf and on behalf of my dependents, heirs and assigns, any and all such risks. I also represent that my participation in this Program is entirely voluntary.

I am aware that, as a volunteer, I am not covered by the City of Santa Ana for Worker’s Compensation benefits or any form of first-party health and accident insurance. In the event that my assigned volunteer activities include the operation of a city-owned motor vehicle, I understand and acknowledge that the City of Santa Ana does not provide any type of “medical payment” (sometimes referred to as “med pay”) coverage for the occupants of its vehicles.

In exchange for the benefits derived by me from my participation in this Program, I hereby agree to the fullest extent permitted by law, to release, indemnify and hold harmless the City of Santa Ana, its officials, officers, employees, representatives, agents or volunteers from and against any claims, damages or liability of any kind of nature for my injury or death, or damage to my personal property arising out of or in connection with participation in this Program from whatever cause, including but not limited to the active or passive negligence of the City of Santa Ana, it’s officials, officers, employees, representatives, agents, servants, volunteers or other Program participants.

This is a Release of Liability and Agreement to Indemnify and Hold Harmless. Please read carefully.

I HAVE CAREFULLY READ THIS AGREEMENT AND I FULLY UNDERSTAND ITS CONTENTS. I SIGN IT OF MY OWN FREE WILL.

Signature of Participant

Date

Print Name

FOR OFFICE USE ONLY

Accepted by:

Signature – On Behalf of the City of Santa Ana

Date