

Richmond Police Department **Volunteer In Police Services (VIPS) Application**

Personal Information:

Last Name: _____

First Name: _____

Middle Name: _____

Suffix: _____

Address: _____
Street City State Zip

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email Address: _____

Date of Birth: _____

Social Security Number: _____

Gender: _____

Race: _____

Skills:

Please list any **Community Work** experience current or previous, education or training that you believe may be beneficial to the **Community Care Unit-Richmond Police Department**:

Are you able to speak/read/write a foreign language including Braille and Sign Language? ☐ no ☐ yes
If yes, which one(s): _____

Please check all areas that apply to you:

- ☐ I really would like to work outside with the Community Care Unit (Festivals/Gatherings/Parties/Ect)
- ☐ I really would like to assist the Department with the Elderly at Community Events
- ☐ I really would like to assist the Department with Customer Service at Community Events
- ☐ I really would like to assist the Department with indoor & outdoor Community Events (Spring & Summer Camps/NNO-National Night Out/School Giveaways/Child Safety Car Seat)



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Areas of Interest:

Please check all areas you would be interested in volunteering in the **Community Care Unit**:

- ☐ Community Events (All Units)
 - ☐ Neighborhood Assistance Officers Program (Assisting Neighborhood Safety Non-Sworn Officers)
 - ☐ Translating Services (Community Care Events)
 - ☐ RPD Community Information Booth (Community Care Events)
 - ☐ Seasonal/Holiday Events for Community Care (**Thanksgiving/December**~ Toy Drive & Food Giveaways)
 - ☐ Special Programs and Events for Community Care Unit (Pop Ups/Baby Showers/Elder Crafts/Faith Events)
 - ☐ Other: RVA Cooks (Teens Cooking Classes)
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Hours and Days of Availability:

Please check and indicate the days and times you are available:

<input type="checkbox"/>	Monday	From:		To:	
<input type="checkbox"/>	Tuesday	From:		To:	
<input type="checkbox"/>	Wednesday	From:		To:	
<input type="checkbox"/>	Thursday	From:		To:	
<input type="checkbox"/>	Friday	From:		To:	
<input type="checkbox"/>	Saturday	From:		To:	
<input type="checkbox"/>	Sunday	From:		To:	

In addition to completing the Richmond Police Department Volunteer Application, a **Criminal History Record Request** **must** be completed and submitted to determine your **eligibility to volunteer**.

Please **physically sign your name** on the **"Applicant's Signature line"**. By signing below, I give consent to the Richmond Police Department to complete a **Criminal History Records Request** on my behalf.

Applicant's Signature

Date

Please send the completed application to the
Community Care Unit by Mail (OR) Email:

Mailing Address: 200 W. Grace Street
Richmond, VA 23220

Email Address: RPDCares@rva.gov

Questions? Please Call~ Phone# (804)-646-5158

