Houston Police Department
Volunteer Initiatives Program

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:

☐ Citizens Offering Police Support ☐ (COPS) Citizens Patrol (CP) ☐ Citizens Police Academy (HCPA) ☐ Houston Police Foundation (HPF)	☐ Student Internship (SI) ☐ Youth Police Advisory Council Mentor (YPAC) ☐ Student Intern: Fall ☐ Spring ☐ Summer ☐

PERSONAL INFORMATION

Last Name:	First Name:	Age:	Race:	Sex: Female	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 ☐ No ☐
Have you ever been arrested? Yes ☐ No ☐	If yes, please explain:
Have you ever been convicted of a crime? Yes ☐ No ☐	If yes, please explain:
List the number of traffic citations and accidents you had in the past two years:	

REFERENCES:

DO NOT USE FAMILY MEMBERS AS REFERENCES. 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.			

EDUCATION BACKGROUND AND MILITARY EXPERIENCE:			
High School Attended:		Graduated Yes ☐ No ☐	Date Graduated:
College Attended:		Graduated Yes ☐ No ☐	Date Graduated Major/Minor Degree
College Attended:		Graduated Yes ☐ No ☐	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 INITATIVE 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 my 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 confirm to this 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 my self 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.

Participant Signature	Participant Name
Student ID/Driver's License Number	Date
If under 18, signature of Parent/Guardian	Printed Name of Parent/Guardian

Address	City	Zip
Phone	E-Mail	

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.

_____ _____

Witness Signature Signature

_____

Witness Name (printed) Address: _____

Date Signed: _____ _____ _____

City, State Zip Code

Telephone: _____ Date of Birth: ____ / ____ / _____ Race: ____

Title: _____ Social Security #: _____ Sex: _____

Driver License #: _____ State: _____

_____ Telephone #: _____

Name of Company

Email: _____

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 AUTHORIZED INDIVIDUAL OR ENTITY CONDUCTING FINGERPRINTING

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 Individual Taking Fingerprints: _____

Agency OR Company: _____

Address & Phone Number of Agency/Company:_____

Signature: _____ Date: _____

CJIS Security Awareness Training Certification Form

Houston Police Department CJIS Compliance Unit

CJISID: _____

Criminal Justice Information Services (CJIS) Security Policy

I acknowledge that I have viewed the Security Awareness course material provided by HPD or have attended Security Awareness Training provided by my employer. I further acknowledge that I am responsible for familiarizing myself with the documents contained on the Security Awareness training and that I can be held civilly and/or criminally accountable for failing to comply with the rules and requirements set forth therein. As per CJIS Regulations this training must be attended every two years. **Consider all fields on this form MANDATORY.**

First Name: _____ Last Name: _____

Date of Birth: _____ Government Number: _____ State: ____

Email: _____
Company or Personal Email

Training Provided by: _____
Company and Phone Number

Date of Training: _____ ☐ HPD Training ☐ Other Training
(Check Type of Training)

By signing this form I acknowledge that I have viewed the Security Awareness Presentation through HPD or received Security Awareness Training through another Training program and understand the rules, regulations and security associated with working on computers, computer networks, or in facilities that may provide access to criminal justice information.

Signature: _____ Date: _____

APPLICANT/CONTRACTOR CONSENT AND AUTHORIZATION TO RETAIN FINGERPRINTS

The Department of Public Safety (DPS) and Federal Bureau of Investigation (FBI) retain fingerprints to provide notification to agencies of future events to the criminal history record at the state and national level. In order for each applicant to participate in the Fingerprint-based Applicant Clearinghouse of Texas (FACT) and "Rap Back" (notification services), please have each applicant provide the following information:

Last Name	First Name	M.I.	Maiden Name if Applicable
Date of Birth	Last four SSN	DL/ID#	Employee/License# if Applicable

I certify that all information I provided in relation to this criminal history record check is true and accurate. I authorize the Texas Department of Public Safety (DPS) to access Texas and Federal criminal history record information that pertains to me and disseminate that information to the designated agency with which I am or am seeking to be employed or to serve as a volunteer, through the DPS Fingerprint-based Applicant Clearinghouse of Texas and as authorized by Texas Government Code Chapter 411 and any other applicable state or federal statute or policy, including 28 U.S.C. 534 and 34 U.S.C. 41101.

I authorize the Texas Department of Public Safety to submit my fingerprints and other application information to the FBI for the purpose of comparing the submitted information to available records in order to identify other information that may be pertinent to the application. I authorize the FBI to disclose potentially pertinent information to the DPS during the processing of this application and for as long hereafter as may be relevant to the activity for which this application is being submitted. I understand that the FBI may also retain my fingerprints and other applicant information in the FBI's permanent collection of fingerprints and related information, where all such data will be subject to comparisons against other submissions received by the FBI and to further disseminations by the FBI as may be authorized under the Privacy Act of 1974 (5 USC 552a). I understand my fingerprints will be searched by and against civil, criminal and latent fingerprints in the Next Generation Identification (NGI) system. I understand I am entitled to obtain a copy of any criminal history record check and challenge the accuracy and completeness of the information before a final determination is made by the relevant agency. I also understand the agency may deny me access to children, the elderly, or individuals with disabilities until the criminal history record check is completed. If a need arises to challenge the FBI record response, you may contact the agency that submitted the information to the FBI, or you may send a written challenge request to the FBI's Criminal Justice Information Services (CJIS) Division at FBI CJIS Division, Attention: Correspondence Group, 1000 Custer Hollow Road, Clarksburg, WV 26306.

Signature	Date