



The applicant must complete this application in full. All answers must be HAND printed in ink and legible. Read all questions completely. Answer all questions fully, accurately and truthfully. All answers are subject to verification.

If any part of the application is left blank or unfinished, the application will not be processed.

CONFIDENTIAL

Ferris Police Department
111 Ewing Blvd.
Ferris, Texas 75125
972-544-2225

COP Application - Page 1 of 13

Statement of Understanding

I understand that neither this application nor any document contained within it is an offer of or confirmation of employment with or by the City of Ferris or the Ferris Police Department. This application is NOT confirmation that I have or will be accepted into the Volunteers in Police Service (VIPS) / Citizens on Patrol (COP) program. I understand that this application serves as a tool for an extensive background check on me, the applicant, to determine eligibility for participation in the Ferris Police Department's VIPS / COP program. If I am chosen to participate in the VIPS / COP program, I, the applicant understand that I will NOT receive any type of compensation for my participation or for the use of my personal vehicle or other personal effects. I understand that I may terminate my affiliation with the VIPS / COP program at any time and that I may be removed or terminated from the program at any time with or without cause or notice. I understand that I must have a valid Texas driver's license and liability insurance if I will be driving any vehicle. I understand that I must have a valid state identification card (driver's license or state I.D.), and I must have a high school diploma or a GED equivalent to participate in VIPS / COP.

_____ (Initial)

I understand that by signing the forms contained within this application that I am certifying that there are no willful misrepresentations, omissions, or falsifications in the statements and/or answers to the questions contained in the application. I understand that any omission or false statement, or misrepresentation in this application is cause for rejection. I understand that I will NOT be trained to be a Peace Officer of the State of Texas and that I will have NO special police powers given to me by the State of Texas, Dallas/Ellis County, the City of Ferris, or the Ferris Police Department. If chosen to participate in the VIPS / COP program, I will abide by all the program policies, rules, regulations, and laws set forth by the United States government, the State of Texas, the City of Ferris, and the Ferris Police Department.

_____ (Initial)

Privacy Act Notice: The Police Department's Volunteer Application Addendum requests your social security number. Disclosing your social security number on these forms is voluntary. The request is made pursuant to the Police Department's practice of requiring volunteers to undergo a criminal history record check and using their social security numbers along with other identifying information to conduct criminal history record checks on them. This information is necessary for the Police Department to obtain accurate criminal history record information and will be used only for that purpose. Signing this form indicates that you have read and understand that your social security number will be used by the Police Department to obtain access to your criminal history record information.

_____ (Initial)

Applicant's Printed Name

Applicant's Signature

Date

Notary:

Subscribed and sworn to before me this _____ day of _____, 2_____.

Notary/Officer Signature
State of Texas }

Release of Liability

County of Ellis }

Known All Men By These Presents:

That I, _____ of _____ county, Texas, for and in consideration of the Ferris Police Department allowing me to participate in the Ferris Police Department's Volunteers in Police Service (VIPS) / Citizens on Patrol (COP) program, do hereby release, acquit and forever discharge the City of Ferris, its agents, servants, volunteers, officers and employees, both elected and appointed, from any and all liability, actions, causes of actions, claims, demands or suits whatsoever, which I may now or hereafter have or claim to have, on account of or arising out of personal injuries or damage to persons or property, or involving any impairment or damage to any right (including, but not by a way of limitation, right to be paid for loss of time, services or for expenses incurred), accruing to me because of or in any way related to my participation in the program. I further warrant that no promise, statement, threat or agreement not herein expressed has been made, and that I fully understand this instrument and I execute it with full knowledge of its meaning, having first read it carefully. I understand that I am not entitled to employment benefits provided to employees of the City of Ferris.

Applicant's Printed Name

Applicant's Signature

Date

Notary:

Subscribed and sworn to before me this _____ day of _____, 2____.

Notary/Officer Signature

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the City of Ferris 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: the records of educational institutions; financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings); and other financial statements and records wherever filed; employment and pre-employment records, including background reports, efficiency ratings, complaints, grievances, and disciplinary actions filed by or against me and the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest.

I understand that any information obtained by a personal history background investigation, which is developed directly, or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for participation in the Ferris Police Department's Volunteers in Police Service (VIPS) / Citizens on Patrol (COP) program.

I also certify that any person(s) and governmental entit(y)(ies) who may furnish such information concerning me shall not be held accountable for giving this information; and I hereby release, indemnify, and hold harmless said person(s) and governmental entit(y)(ies) from any and all liability which may be incurred as a result of furnishing such information. I also release and hold harmless the City of Ferris from any claim or demand related to the City of Ferris obtaining and/or considering any such information.

I also authorize the release of my name and full disclosure of all records concerning myself to verify past and future applications with other law enforcement agencies.

I understand that the information obtained during the background investigation is confidential and the Ferris Police Department will not release to me any details of these interviews or the reason(s) for rejection. If the reasons for my rejection are temporary in nature whereby I may be accepted at a later date, I understand I may be notified.

A photocopy of this release form will be valid as an original thereof, even though said photocopy does not contain an original writing of my signature.

_____	_____	_____
Applicant's Printed Name	Applicant's Signature	Date

_____	_____	_____
Witness Printed Name	Witness Signature	Date

IDENTIFICATION INFORMATION

Print clearly in ink - Do NOT type

Name: _____ Date: _____
Last First Middle

List any other names used past or present (maiden name, nick name, legal name change, etc.):

Social Security: _____ Date of Birth: ____/____/____ Age: ____

Present Address: _____
Give full mailing address including zip code

How long at this address: _____

Home phone: (____) _____ Cell phone: (____) _____

Work phone: (____) _____

*Best contact number: (____) _____

E-mail address: _____
Print – letters and numbers should be clear and distinct

Citizens who are interested in volunteering should first sign up to attend the Ferris Citizen Police Academy. Have you attended and completed the FCPA training?

- ☐ **YES** - When did you attend? _____
- ☐ **NO** – I plan to attend the Spring Session 20 the Fall Session 20
Year Year

Previous addresses for last 5 years: (full mailing address):

1. _____
2. _____
3. _____
4. _____
5. _____

EDUCATIONAL BACKGROUND

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED

Years in College: 1 2 3 4 Degree: Associates, Bachelors, Masters, other: _____

Name of High School: _____
H.S. you graduated from

Location of High School: _____
City State

EMPLOYMENT HISTORY

Current Employer: _____
Name of Company

Address: _____

Phone Number: (____) _____ Supervisor: _____

Start date: _____

Description of duties: _____

Employment Past 5 years:

Name: _____ Address: _____

Duration: Years _____ Months _____ Supervisor: _____

Phone: (____) _____ Job Title: _____

Employment Past 5 years continued:

Name: _____ Address: _____

Duration: Years _____ Months _____ Supervisor: _____

Phone: (____) _____ Job Title: _____

Name: _____ Address: _____

Duration: Years _____ Months _____ Supervisor: _____

Phone: (____) _____ Job Title: _____

Name: _____ Address: _____

Duration: Years _____ Months _____ Supervisor: _____

Phone: (____) _____ Job Title: _____

Name: _____ Address: _____

Duration: Years _____ Months _____ Supervisor: _____

Phone: (____) _____ Job Title: _____

MILITARY SERVICE

Branch: _____ Start/End Date: _____

Active or Reserve: _____ Rank: _____

Discharge Status: _____

(If applicable include an attached sheet explaining why you received a DISHONORABLE discharge)

VOLUNTEER SERVICE

List all volunteer work you have performed in your life:

Name	City/State	Title/Service	# of Years	Resigned/Terminated
------	------------	---------------	------------	---------------------

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(If terminated attach a sheet explaining reason)

MISCELLANEOUS INFORMATION

Do you have an immediate relative by blood or marriage currently employed by or volunteering for the City of Ferris or Ferris Police Department?

☐ **YES** ☐ **NO**

If yes, list who & their position: _____

Have you ever committed a felony or misdemeanor crime OTHER than a traffic violation?

☐ **YES** ☐ **NO** (If yes then attach an explanation)

Have you ever been arrested and/or convicted for ANY felony or misdemeanor crime including a traffic violation?

☐ **YES** ☐ **NO** (If yes then attach an explanation)

Is there anything in your past or present which you think might disqualify you from functioning as a member of VIPS / COP?

☐ **YES** ☐ **NO** (If yes then attach an explanation)

Are you currently under investigation or suspicion for any felony or misdemeanor crime OTHER than a traffic violation?

☐ **YES** ☐ **NO** (If yes then attach an explanation)

PERSONAL REFERENCES

List FIVE personal references other than former supervisors or family members that have known you for at least 5 years.

1.	_____	_____	
	Name	Address	
	(____)	_____	_____
	Phone Number	Email Address	Years Known
2.	_____	_____	
	Name	Address	
	(____)	_____	_____
	Phone Number	Email Address	Years Known
3.	_____	_____	
	Name	Address	
	(____)	_____	_____
	Phone Number	Email Address	Years Known
4.	_____	_____	
	Name	Address	
	(____)	_____	_____
	Phone Number	Email Address	Years Known
5.	_____	_____	
	Name	Address	
	(____)	_____	_____
	Phone Number	Email Address	Years Known

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

1. Photocopy of your valid driver's license or state identification card
2. Photocopy of your valid vehicle insurance

VOLUNTEER POSITION DESCRIPTION

POSITION TITLE: Police Volunteer / Citizens on Patrol

SUMMARY OF FUNCTION: The Police Volunteer / Citizens on Patrol is a program to enhance crime prevention and community policing efforts by empowering citizen volunteers to actively patrol their community and assist in police operations that do not require a sworn officer.

A volunteer is a non-salaried individual who offers his/her services for a limited time, acting in a specific capacity willingly by one's own accord. A volunteer has no salary, benefits or labor relations rights of a City employee and serves "at the will" of the Chief of Police. A volunteer can be placed in or removed from volunteer duties by the Chief of Police or his/her designee with or without cause.

ESSENTIAL FUNCTIONS:

FREQUENCY

- | | |
|---|----------|
| 1. Assists by observing and reporting emergency and non-emergency incidents related to criminal activity or the safety and appearance of the city. | Frequent |
| 2. Assists with efforts to enhance crime prevention awareness in the community by distributing premise security and vehicle burglary report cards. | Frequent |
| 3. Assists with providing courtesy rides to private citizens at the discretion of a police supervisor and waiting for wreckers after a police officer arrests the driver and inventories the vehicle. | Frequent |
| 4. Attends neighborhood watch & community meetings. May conduct vacation checks on homes and business information updates. | Frequent |
| 5. Assists with homeland security checks of critical infrastructure, traffic surveys, and aiding stranded motorists. | Frequent |

OTHER FUNCTIONS: Performs other duties as assigned.

QUALIFICATIONS:

- Must attend and complete the Ferris Citizen Police Academy training.

- Must be a resident in Ferris, Texas.
- Must be at least 21 years old.
- Must complete and file a legible application with the Police Department.
- Must have a high school diploma or G.E.D.
- Must intelligently read and write the English language.
- Must not have any criminal conviction above the grade of a Class B misdemeanor or any Class B misdemeanor within the past 10 years.
- Must not have been on any court-ordered community supervision or probation for any criminal offense above the grade of a Class B misdemeanor or any Class B misdemeanor within the past 10 years from the date of the court order.
- Must have a valid Texas driver's license.
- Must not have received more than two moving traffic violations or had two preventable accidents, or any combination, in the past 18 months or four in the past 36 months.
- Must be of good character.
- Must not have any mental or physical condition likely to interfere with safe performance of duties.
- Must pass a drug test.
- Must successfully complete the application, background, and training process.
- Must be honest, truthful, and trustworthy and possess a high degree of personal integrity.
- Ability to safely operate a patrol vehicle in stressful situations and inclement weather.
- Ability to write clear, concise, and complete departmental reports.
- Ability to communicate with the public and other agencies in a professional and courteous manner.
- Must possess good judgment and common sense and make competent decisions under stressful conditions.
- Must be able to handle sensitive and confidential information.
- Ability to perform the essential functions of the position.

LICENSES OR CERTIFICATES: Texas driver's license

ORGANIZATIONAL RELATIONSHIPS:

Reports to: Police Sergeant

WORKING CONDITIONS:

Work performed primarily on roads and/or in the office. Duties may require driving a marked vehicle and participating in indoor/outdoor activities with members of the public. Work may involve evening and/or weekend functions.

I, _____, confirm that I have received, understand and agree to the Volunteer Position Description as stated herein.

Signature

Date

A\Volunteer Registration Form

Department/Activity: _____ Date: _____
Name: (first, middle, last) _____ Email: _____
Address: _____ City/ State: _____ Zip: _____
Home #: _____ Cell #: _____
Date of Birth: _____ Social Security Number: _____ Drivers License # _____ State _____
Emergency Contact: _____ Cell #: _____

PLEASE READ BEFORE SIGNING

As a volunteer member for The City of Ferris, I agree to:

1. Follow the City of Ferris's policies, rules and procedures
2. Place safety and well-being first
3. Represent the City of Ferris in a professional manner that presents a positive image to the community
4. Grant the City of Ferris permission to use my likeness, voice, photograph and words in any form for promotional activities without payment or consideration
5. Grant permission to use, edit, alter or copy my photographs in any and all publications including Web sites without payment or any other compensation
6. Grant the City of Ferris all rights to release any photos taken of me or by me to the media

As a volunteer I affirm that:

1. I agree not to consume, use, possess, or be under the influence of any drug or alcohol products on any volunteer work assignment
2. I understand that any pattern of conduct that would tend to disrupt, diminish or otherwise jeopardize public trust in The City of Ferris will result in dismissal.
3. I understand that my volunteer assignment with the City of Ferris may be terminated at any time.
4. I understand that appointment to a Volunteer assignment will be contingent upon the completion and review of a criminal background check.
5. I understand that I am operating in the capacity of a Volunteer for the City of Ferris and not to be considered an employee in any manner and not eligible for benefits or rights of an employee of the City.

☐ Yes ☐ No Have you ever been convicted, pled guilty to or received deferred adjudication for a misdemeanor or felony; or do you currently have any charges pending against you? (Answering yes may not automatically disqualify you, but a false statement or omission of information will). If you responded **yes**, provide a brief explanation & discuss the circumstances with the event supervisor.

CONFIDENTIALITY AGREEMENT

Situations arise that require Volunteers to deal with confidential information. Volunteers must agree to maintain an attitude of professionalism when dealing with information and records of a confidential nature. By signing this agreement, I agree to protect the privacy, and security of confidential information at all times. I agree to a) access confidential information to the minimum extent necessary for my assigned volunteer duties and b) disclose such information only to persons authorized to receive it.

WAIVER OF LIABILITY

In consideration of the City of Ferris allowing me (my child/children) to participate as a Volunteer, and being aware of the possible injuries that could occur as a result of that participation, I on behalf of myself (my minor child/children) release the City of Ferris officials, employees, agent, instructors from any and all injuries and damages whatsoever arising from participation in the event.

I, my heirs and representative, agree to indemnify, save and hold harmless the City of Ferris, its officials, employees, and agents from any and all claims made by me (my child/children) or my insurer for injuries or damages related to this event.

I affirm that I have read the above and that the information I have given is true and complete.

Signature of Volunteer **Date**

Signature of Parent (If volunteer is under 18 years of age) **Date**