



# Houston Police Department Volunteer Initiatives Program



## Community Affairs Application

**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:*

|  |   |
|--|---|
| <input type="checkbox"/> Citizens Offering Police Support<br><input type="checkbox"/> (COPS) Citizens Patrol (CP)<br><input type="checkbox"/> Citizens Police Academy (HCPA)<br><input type="checkbox"/> Communicators on Patrol<br><input type="checkbox"/> Houston Police Foundation (HPF) | <input type="checkbox"/> Greater Houston Police Activities League (GHPAL)<br><input type="checkbox"/> Student Internship (SI)<br><input type="checkbox"/> Youth Police Advisory Council Mentor (YPAC)<br><input type="checkbox"/> Student Intern: Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> |
|--|---|

**PERSONAL INFORMATION**

|  |                 |                 |       |             |                    |
|--|-----------------|-----------------|-------|-------------|--------------------|
| Last Name:                             | First Name:     | Age:            | Race: | Sex:        | 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 <input type="checkbox"/> No <input type="checkbox"/> |
| Have you ever been arrested? Yes <input type="checkbox"/> No <input type="checkbox"/>             | If yes, please explain:   |
| Have you ever been convicted of a crime? Yes <input type="checkbox"/> No <input type="checkbox"/> | 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.   |         |          |         |

| <b>EDUCATION BACKGROUND AND MILITARY EXPERIENCE:</b> |  |                 |                    |
|--|--|-----------------|--------------------|
| High School Attended:                                | Graduated Yes <input type="checkbox"/> No <input type="checkbox"/> | Date Graduated: |                    |
| College Attended:                                    | Graduated Yes <input type="checkbox"/> No <input type="checkbox"/> | Date Graduated  | Major/Minor Degree |
| College Attended:                                    | Graduated Yes <input type="checkbox"/> No <input type="checkbox"/> | 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 INITIATIVE 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 may 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 conform to these 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 myself 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.

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|                       |                  |
|-----------------------|------------------|
| Participant Signature | Participant Name |
|-----------------------|------------------|

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|                                    |      |
|------------------------------------|------|
| Student ID/Driver's License Number | Date |
|------------------------------------|------|

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|   |                                 |
|---|---------------------------------|
| If under 18, signature of Parent/Guardian | Printed Name of Parent/Guardian |
|---|---------------------------------|

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|         |      |     |
|---------|------|-----|
| Address | City | Zip |
|---------|------|-----|

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|       |        |
|-------|--------|
| Phone | E-Mail |
|-------|--------|





# 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 A LAW ENFORCEMENT AGENCY ONLY**

**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 Official Taking Fingerprints: \_\_\_\_\_

Law Enforcement Agency: \_\_\_\_\_

Address & Phone Number of Agency: \_\_\_\_\_

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: \_\_\_\_\_



# Training Certification Form

## TCIC/NCIC Practitioner

### Houston Police Department CJIS Compliance Unit

CJISID: \_\_\_\_\_

#### Texas Crime Information Center / National Crime Information Center

I acknowledge that I have viewed the Practitioner's course material provided by HPD. I further acknowledge that I am responsible for familiarizing myself with the documents contained on the Practitioner Training and that I can be held civilly and/or criminally accountable for failing to comply with the rules and requirements set forth therein. **Consider all fields on this form MANDATORY.**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Government Number: \_\_\_\_\_ State: \_\_\_\_\_

Email: \_\_\_\_\_  
Company or Personal Email

Classroom Training Location: \_\_\_\_\_  
Classroom Address

Date of Training: \_\_\_\_\_  HPD Provided  Classroom Training  
(Check Type of Training)

By signing this form I acknowledge that I have viewed the TCIC/NCIC Practitioner Training provided by HPD or attended a State of Texas approved TLETS training event and understand the rules and regulations 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:

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|           |            |      |                           |
|-----------|------------|------|---------------------------|
| Last Name | First Name | M.I. | Maiden Name if Applicable |
|-----------|------------|------|---------------------------|

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|               |               |        |                                 |
|---------------|---------------|--------|---------------------------------|
| 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.

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Signature

Date