



**TOWN OF PARADISE**  
**POLICE DEPARTMENT**  
**VOLUNTEERS IN POLICE SERVICE**

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5595 BLACK OLIVE DRIVE • PARADISE • CALIFORNIA • 95969  
VIPS DESK 530-872-6161 EXT 226 • FAX 530-872-4950

VIPS APPLICATION OF INTEREST

Full Name \_\_\_\_\_ DOB \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ CA DL \_\_\_\_\_

Email Address: \_\_\_\_\_

Occupation \_\_\_\_\_

Employer (If retired list last employer) \_\_\_\_\_

Employers' Address \_\_\_\_\_

Are you able to stand and walk for up to 4 hours? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of a Misdemeanor or Felony? Yes \_\_\_\_\_ No \_\_\_\_\_

How did you become acquainted with the VIPS? \_\_\_\_\_

\_\_\_\_\_

List your membership in local organizations and civic groups \_\_\_\_\_

\_\_\_\_\_

Why do you wish to become a member of the Paradise Police VIPS? \_\_\_\_\_

Since this is volunteer work, we would like to place you in activities you will enjoy and mesh with your qualifications. We will consider the information you provide to identify your skills and interests. Please keep your responses brief.

Computer skills/Office skills: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Public relations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Emergency Services: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify the information is true and correct, and I authorize the Paradise Police Department to conduct a background check prior to my acceptance into the VIPS program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date