



ST GEORGE POLICE DEPARTMENT
VOLUNTEERS IN PUBLIC SAFETY
Application for Membership

Please print clearly.

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Date of Birth _____ Birthplace _____ Social Security Number _____

Work experience, special skills, licenses, profession _____

Where did you last work, and what was your position? _____

Employer _____ Address _____

Supervisor's name _____ Phone _____

Served in the U.S. Armed Forces? Yes _____ No _____ If so, what was your assignment? _____

Have you ever been arrested? Yes _____ No _____ If so, list date, location and for what offense(s). _____

Have you been convicted of any felonies? Yes _____ No _____ When and where? _____

List three personal references (not family):

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

I am interested in: (check one or more) Street Patrol _____ Urban Trails _____ Office _____ Animal Shelter _____ Other _____

I hereby certify all information given is true and correct to the best of my knowledge. I understand the information listed herein may be used by the Police Department to conduct a criminal background check. I further understand acceptance into the VIPS program is solely at the discretion of the St George Police Department.

Signature: _____ Date _____

Reviewed by: _____ Date _____

Background check completed: _____ Date _____ Accepted? Yes _____ No _____

Comments: _____