



***CITY OF FAIRFAX VIRGINIA***

***City of Fairfax Police  
Department***

***Volunteers in Police Service  
(VIPS)***

**OFFICER**

***Dear Citizen:***

***Thank you for your interest in performing volunteer work for the City of Fairfax Police Department. The Volunteers in Police Service program (VIPS) is an opportunity to actively participate with your police department in making the City of Fairfax a safe place in which to live and work.***

***Volunteers in Police Service offer their talents, skills and abilities to support the police services we provide to the community. We attempt to match prospective VIPS talents with identified needs in the police department. If selected, VIPS undergo a brief background investigation prior to acceptance into the program. A brief period of on-the-job training will provide familiarization with the police department, police services and the basic rules and regulations of the organization. VIPS have no police powers or uniforms, but perform their services in attire appropriate for their particular assignment.***

***To be eligible, VIPS candidates must meet the following basic criteria:***

- Be at least 21 years of age***
- Be in good physical health***
- Pass an initial and follow-up police background checks***
- Must be a United States citizen***
- Must maintain a satisfactory driving record***

***If you would like to become a Volunteer in Police Service, please complete and return the enclosed questionnaire. For more information, please contact Lt. Michael Bartholme at 703-385-7958 or michael.bartholme@fairfaxva.gov.***

***Sincerely,***

***Erin Schaible, Colonel  
Chief of Police***

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## City of Fairfax Police Department Volunteers In Police Service (VIPS) Application

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Date: \_\_\_\_\_

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

E-mail address \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State \_\_\_\_\_

Education: (Circle Highest Grade Completed)

High School 1 2 3 4      College 1 2 3 4 5 6 7 8

Other: (Explain) \_\_\_\_\_

Degrees/Certificates Earned: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Occupation/Job Description: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Your Title: \_\_\_\_\_

May we contact your employer for a reference: Yes \_\_\_\_\_ No \_\_\_\_\_

Supervisors name and telephone number \_\_\_\_\_

Areas of interest: (Check all that apply)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Bilingual Services      | <input type="checkbox"/> Photography      | <input type="checkbox"/> Data Entry                  |
| <input type="checkbox"/> Clerical/Office Support | <input type="checkbox"/> Citizen services | <input type="checkbox"/> Brochure Designer           |
| <input type="checkbox"/> Computer technologies   | <input type="checkbox"/> Communications   | <input type="checkbox"/> Crime Prevention activities |
| <input type="checkbox"/> Other _____             |   |  |

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Personal Interests and/or special talents:

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Tell us a little bit about yourself. Your friends or associates would describe you as:

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Please list any volunteer experience, community activities, training workshops, internships, and special areas of study or research:

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Please provide two personal references in the spaces provided below:

<u>NAME</u>	<u>ADDRESS</u>	<u>CITY,STATE,ZIP</u>	<u>TELEPHONE</u>	<u>YRS KNOWN</u>
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**Please return application to:**

City of Fairfax Police Department  
Community Services Lieutenant (VIPS Coordinator)  
3730 Old Lee Highway  
Fairfax, VA 22030