



## Volunteers in Police Service (VIPS)

The Winfield Police Department Volunteers in Police Service Program (VIPS) emphasizes service to the community as a whole. They are a highly trained and motivated force of volunteer workers, performing non-hazardous police functions in the community. Their countless donated hours make the Village of Winfield a safer place to live, work, play, and shop.

Volunteers assist officers in tasks that are ongoing and necessary to the police mission, including, but not limited to, traffic and crowd control at our annual Bike Criterium as well as Good Old Days.

Volunteers are utilized to support Police Department staff to enhance the overall efficiency of the agency. Confidentiality is imperative. All potential volunteers are subject to a background investigation prior to acceptance.

If interested, complete the application and forms below and return via email to [Sergeant Scott Miara](#).





**David Schar**  
Chief of Police



A PLACE TO DISCOVER  
**POLICE DEPARTMENT**

27W465 Jewell Road – Winfield, IL 60190  
Telephone: (630) 933-7160 – Fax (630) 668-5541  
[www.villageofwinfield.com](http://www.villageofwinfield.com)



**VOLUNTEERS IN POLICE SERVICES APPLICATION**

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

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

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

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

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

Are you over 21 years of age?  Yes  No

Education:

	Name	Address	Years Completed
High School			
College			
Other (explain)			
Degrees/Certificates earned:			

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

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

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

Telephone: \_\_\_\_\_ Your Title: \_\_\_\_\_

May we contact your employer for a reference?  Yes  No

How did you hear about the Volunteers in Policing Program?

Check off areas of interest:

✓	Areas of Interest
	Clerical/Office Support
	Police Records Assistant
	Senior Citizen Assistant
	Traffic Control
	Special Events Assistant
	Interpreter (specific language):

Other:

Personal interests and/or special talents:

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

AVAILABILITY: Please check off your availability:

Shift	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning 7:00 a.m. -11:00 a.m.							
Afternoon 11:00 a.m. -3:00 p.m.							
Evening 3:00 p.m. -7:00 p.m.							
Emergency Call Out-during night 8:00 p.m. -7:00 a.m.							

Are you willing to perform simple office duties, such as photocopying or stamping brochures, while on shift, if time permits?  Yes  No

Have you ever been a victim of crime?  Yes  No

Please return this application via email to [smiara@villageofwinfield.com](mailto:smiara@villageofwinfield.com). If you have any questions and/or concerns call (630) 933-7160 to speak to Sergeant Scott Miara.

**VILLAGE OF WINFIELD POLICE  
DEPARTMENT VOLUNTEERS IN  
POLICE SERVICE PARTICIPATION  
WAIVER OF LIABILITY**

This Release and Waiver of Liability (the "Release") executed by the "Volunteer" in favor of the Village of Winfield, it's officials, officers, employees, and agents (collectively, "Village"). The Volunteer desires to work as a volunteer for Village and engage in the activities related to being a volunteer (the "Activities"). The Volunteer understands that the Activities may include directing traffic, assisting at Village events and working in the Village offices.

The Volunteer is at least eighteen years of age, and hereby freely, voluntarily, and without duress executes this Release under the following terms:

**RELEASE AND WAIVER.** Volunteer does hereby release and forever discharge and hold harmless Village and its successors and assigns from any and all liability, claims and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from Volunteer's Activities with Village. Volunteer understands that this Release discharges Village from any liability or claim that the Volunteer may have against Village with respect to bodily injury, personal injury, illness, death, or property damage that may result from Volunteer's Activities with Village, whether caused by the negligence of Village or its officers, directors, employees, or agents or otherwise.

**ASSUMPTION OF THE RISK.** The Volunteer understands that the Activities include work that may be hazardous to the Volunteer, including, but not limited to, directing traffic in the roadway. Volunteer hereby expressly and specifically assumes the risk of injury or harm in the Activities and releases Village from all liability for injury, illness, death, or property damage resulting from Activities.

**INSURANCE.** The Volunteer understands that, except as otherwise agreed to by Village in writing. Village does not carry or maintain health, medical, or disability insurance coverage for any Volunteer. Each Volunteer is expected and encouraged to obtain his or her own medical or health insurance coverage.

**BACKGROUND CHECK.** Volunteer hereby authorizes the Village of Winfield to conduct a background check prior to my acceptance by the Village as a Volunteer.

**PHOTOGRAPHIC RELEASE.** Volunteer does hereby grant and convey unto Village all right, title, and interest in any and all photographic images, video or audio recordings made by Village during the Volunteer's Activities with Village.

**OTHER.** Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Illinois, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Illinois. Volunteer agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

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Volunteer Printed Name

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Volunteer Signature

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Date

**WINFIELD POLICE DEPARTMENT  
Volunteers in Police Service**

**AUTHORIZATION FOR RELEASE OF INFORMATION**

TO: Any Doctor, Physician, Psychologist, Psychiatrist, Dentist, Hospital Nursing Home, or Medical Association;

The U.S. Armed Forces, Maritime Service, Veteran's Administration, Selective Service Administration;

Any Academic Dean, Registrar, Principal, Guidance Counselor or authorized person at any school, college, university, business school, trade school, elementary or high school.

Any local, State, or Federal Law Enforcement Agency; any past or present employer; any Credit Bureau or Retail Merchants Association; any insurance company.

I, \_\_\_\_\_, have applied for a volunteer opportunity with the Winfield Police Department.

I am **aware** that my entire background will be thoroughly investigated and I hereby authorize and request the release of any and all information you may have that concerns me, including academic transcripts and disciplinary matters, to a representative of the Winfield Police Department. This authorization or a reproduction thereof shall be valid for one year from the date of execution of this document.

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

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Expiration: \_\_\_\_\_

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

Given under my hand this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Current Address

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

**WINFIELD POLICE DEPARTMENT  
Volunteers in Police Service**

**NON-DISCLOSURE AGREEMENT**

I understand that:

1. As a result of my volunteering with the Winfield Police Department and my association with the Police Department, I may be the recipient of information which in itself, or by implication, is confidential or sensitive. This confidential information may include information contained in law enforcement data systems, manual or automated, and accessed by the Winfield Police Department.
2. I will be responsible for not disclosing such Information by any means except in accordance with Winfield Police Department regulations. I am responsible for the safekeeping of such information, documents, and material in the facilities and in the manner approved by the Winfield Police Department and for the handling of such information, material and documents so as to prevent their disclosure to unauthorized persons.
3. I have a personal and Individual responsibility for the protection of all such information, documents and material in my possession no matter how acquired.
4. After termination of my volunteer status, I am not to disclose to anyone any confidential or sensitive information, documents or material of any kind obtained by me as a result of my volunteering with the Police Department without the authorization of the Chief of Police.
5. I have not been convicted of a felony, and have not and will not be involved in serious criminal activity. I will not associate with persons having a criminal history during my period of being a volunteer with the Police Department, as stated in the Rules of Conduct of the Winfield Police Department.
6. If a breach of any provision of this agreement occurs, it may result in disciplinary action, if appropriate, by the Winfield Police Department Chief of Police. I am aware that the signing of the Non-Disclosure Agreement is a condition of my participation as a volunteer with the Police Department.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witnessed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date