



# OXFORD POLICE DEPARTMENT CITY OF OXFORD

204 E. McClanahan St. P.O. Box 1186 Oxford, North Carolina 27565  
PHONE (919) 693-3161 FAX (919) 693-7990

## Volunteers in Police Service (VIPS) Application

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security No. \_\_\_\_\_

Employer \_\_\_\_\_

Employer's Address \_\_\_\_\_

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

How long have you lived at your current address: \_\_\_\_\_

Previous address if less than 2 years at current address \_\_\_\_\_

Have you ever been arrested and/or convicted of a crime? ( If yes, explain) \_\_\_\_\_

Have you ever been charged with Driving Under the Influence? ( If yes, explain) \_\_\_\_\_

As a part of the selection process, would you be willing to submit to a drug screening test? ( If no, explain)

Do you have any health issues that might impair you in carrying out your duties as a Volunteer? \_\_\_\_\_

Why do you wish to become a part of Oxford Police Department's Volunteer Program?

Special skills or experience you might have to offer the Oxford PD in this role?

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