



**MAYOR**  
Oscar Leoser

**CITY MANAGER**  
Tommy Gonzalez

**CITY COUNCIL**

**District 1**  
Peter Svarzbein

**District 2**  
Alexandra Anello

**District 3**  
Cassandra Hernandez

**District 4**  
Joe Molinar

**District 5**  
Isabel Salcido

**District 6**  
Claudia L. Rodriguez

**District 7**  
Henry Rivera

**District 8**  
Cissy Lizarraga

**NEWS  
RELEASE**

06/ 23/ 2021

# El Paso Police Introduces New Volunteer Program

**EL PASO, Texas** — The El Paso Police Department is launching a new volunteer program called Volunteers In Patrol Service (VIPS), that allows community members to work with the El Paso Police Department to address quality of life issues.

The VIPS program invites residents who would like to serve their community to become ambassadors for the City of El Paso and the Police Department by becoming knowledgeable on many common neighborhood concerns experienced by residents. Among those concerns are Neighborhood Watches, Abandoned Vehicles, Code Violations, Graffiti, and Code Watch requests. Under the leadership of the City Manager Tommy Gonzalez, the El Paso Police Department established the program which is currently accepting applications.

Residents who wish to participate in the program must meet the following requirements:

- ✓ Be a resident of the City of El Paso
- ✓ Be at least 21 years old
- ✓ Have a valid driver's license
- ✓ Not have any felony convictions
- ✓ Not have any Class A Misdemeanor convictions
- ✓ Not have a Class B Misdemeanor Convictions in the last five years
- ✓ Not have a D.W.I. conviction within the last ten years
- ✓ Agree to pass a criminal history check
- ✓ Participate in an oral interview
- ✓ Complete all required training

Additionally, participants must have attended a Citizen Police Academy or must attend one within twelve months of participating with VIPS. Applications are available at all Police Regional Commands and Police Headquarters or online at [EPPD.org](http://EPPD.org).

Anyone with questions regarding the program may email their questions to [askpd@elpasotexas.gov](mailto:askpd@elpasotexas.gov) or may contact Sgt. Javier Sambrano at (915) 212-4312.



**Media Contact: Sgt. Javier Sambrano**  
Program Liaison  
(915) 212.4312



# El Paso Police Department Volunteer Application



- Regular Volunteer  Disabled Parking Enforcer  Victim Services Response Team   
 Chaplain Program  School Zone Safety Volunteer  I want to be a VIP Volunteer

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

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

License #: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell/Work: \_\_\_\_\_

Mother's Full Maiden Name (First and Last): \_\_\_\_\_

If Married Female, Include your Maiden Name: \_\_\_\_\_

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

Address/Zip Code \_\_\_\_\_ Phone #: \_\_\_\_\_

Education: Did you graduate from High School or receive G.E.D.?  Yes  No

If yes or presently attending, name and address of school: \_\_\_\_\_

Did you attend college or university?  Yes  No

If yes, name and address of college or university: \_\_\_\_\_

Degree/Major : \_\_\_\_\_

What type of service can you provide? \_\_\_\_\_

Are you volunteering for:  A special event? If so, what event? \_\_\_\_\_

- Are you volunteering:  By yourself  
 With a group? If so, what group? \_\_\_\_\_  
 With school/company? If so, what school/company? \_\_\_\_\_

Language preference for writing and/or speaking: \_\_\_\_\_

In case of emergency, whom do we contact? \_\_\_\_\_

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

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



# El Paso Police Department Volunteer Application



READ CAREFULLY AND ANSWER ALL ITEMS	Yes	No
Have you previously worked for the City of El Paso? If yes, give dates, City Department, and reasons for your separation in REMARKS section below.		
Are you currently employed or have you ever been employed by a City of El Paso City-County combined agency (City-County Health, etc.)?		
Have you ever been convicted, imprisoned, fined, placed in probation, or parole or are you now under charges for any offense(s) against the law? If yes, list charges and dispositions of the case(s) in REMARKS below. DO NOT list successfully completed deferred adjudication(s).		
Have you received any traffic citations in the last five years (excluding parking)? If yes, list and explain and give date and disposition of each citation in REMARKS.		
Do you have relatives employed by the City of El Paso or relatives who are currently serving on City Council? If yes, list names, relationship, and departments in REMARKS.		
May we contact your current employer regarding your qualifications, character, etc.?		
REMARKS: (Use to explain above items.)		

Please write down what days and times you are available to volunteer:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>Morning</b>							
<b>Afternoon</b>							
<b>Evening</b>							

I have volunteered my services to the City of El Paso. I hereby release the City of El Paso and its officers, directors, employees, advisors, agents, patrons, and volunteers from any liability for any loss, cost, or damage to me or my property arising out of or in connection with my activities and/or time spent in connection with this volunteer work. I certify that my statements in this application and other required forms are true, complete, and correct to the best of my knowledge and belief. I also agree that all statements made on this application may be investigated. I consent to the release of information about my ability and fitness for volunteering with the City of El Paso by parties authorized by the City of El Paso. I understand that information from my application or resume may be subject to release to the public under the Texas Public Information Act.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature (for applicants under 18 years of age): \_\_\_\_\_

<p><b>Records Disclosure</b></p> <p>Unless otherwise requested, the Texas Public Information Act, 552.024 makes the names of municipal volunteers and officials open record. Do you wish to allow public access to home address, home telephone number, social security number and family information?</p> <p style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></p>
--



# El Paso Police Department Volunteer Application



## For Volunteer Chaplain Application Only

**Please attach a letter of recommendation for chaplain service issued by a recognized religious body**

**Personal:**

Name: \_\_\_\_\_ Are you at least  Yes  No  
25 years old?

\_\_\_\_\_

Last                      First                      MI

Address:

\_\_\_\_\_

Street #                      Street Name                      Apt                      Zip

Phone:

\_\_\_\_\_

Night Time                      Day Time                      Cell                      Other

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

**Ordination or Ministerial License Information:**

Issued by: \_\_\_\_\_ Date obtained: \_\_\_\_\_

Can you provide a copy of your Ordination?  Yes  No If so, please attach a copy to this application if you have it in your possession. If you do not have it in your possession, you will be required to provide it at a later date during the selection process.

**Position Related Questions:**

Do you have 3 years of full time or 5 years part of part time ministerial experience?  Yes  No

If yes, please briefly explain your experience:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you aware that in this position you will be called upon to assist 24/7 to include weekends and holidays?  Yes  No

What languages are you fluent in? \_\_\_\_\_

Do you understand and agree that there is no proselytizing while serving in the role of a Police Chaplain?  Yes  No **(If this occurs it may be grounds for dismissal from the program.)**



# El Paso Police Department Volunteer Application



**Ministerial References:**

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Personal Reference:**

**Name:** \_\_\_\_\_ **Relationship :** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Briefly explain your interest in the Chaplain Program:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**By submitting/signing this application you are acknowledging that this position is strictly volunteer and no monetary compensation will be provided to you for your service in this program. You are also granting the El Paso Police Department authorization to contact the people you have included on this application as references for the sole purpose of determining your ability to serve in the capacity of a Police Chaplain. Further, you also acknowledge that, if selected, you will serve at the pleasure of the Chief of Police and your service may be terminated, with or without cause.**

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**



# El Paso Police Department Volunteer Application



## For Disabled Parking Enforcement (DPE) Only

Are you currently a peace officer?  Yes  No

Are you licensed to carry a concealed handgun?  Yes  No

If yes, License # \_\_\_\_\_

**(Please be advised that no volunteer for any program should possess or carry firearms or other weapons while volunteering.)**

Volunteer participants may be required to testify at municipal court and administrative hearings relating to the participant's issuance of a citation or filing of charges against a person for a violation of disabled parking laws.

Volunteer participants agree to attend and testify as requested by the parking violations bureau without the necessity for issuance of a subpoena.  Yes  No

Have you ever been arrested or convicted of a crime?  Yes  No

If yes, provide details:

---

---

---

### Section II. Authorization to release information

As an applicant for being a volunteer for the El Paso Police Department DPE Program, I am willing to furnish information for use in determining my qualifications. I authorize release of any and all information that you may have concerning me, including information of a confidential or privileged nature, so that I will be considered as a DPE participant.

I hereby authorize the El Paso Police Department to conduct a background check and criminal history record check concerning myself.

I release you, your organization (the City of El Paso and the El Paso Police Department) or others from liability or damage, which may result from furnishing the information requested.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Section III. Improper Solicitation

As a participant for the El Paso Police Department, I understand that I will not use my status as a participant to solicit employment, business, or related endeavor. As a volunteer, I will not be used by me to solicit employment, business, or sales of any kind. I further understand that I may be dismissed from the DPE program at any time.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# El Paso Police Department Volunteer Application



## ALL APPLICANTS

### Section IV. Waiver/Hold Harmless Agreement

The undersigned, not being a member, employee, or agent of the El Paso Police Department (EPPD), has made an application to serve in a volunteer capacity with and for the EPPD. Nothing should be construed as creating a relationship of employer and employee between the volunteer and the EPPD.

In consideration of the City of El Paso, a municipal corporation by and through EPPD, is making available to the undersigned the necessary personnel and the use of its offices and other facilities for the aforementioned purpose. I, the undersigned, do hereby agree to and knowingly do hereby assume all risks arising in the course of said activity.

I agree to indemnify and hold harmless the City of El Paso, its officers, agents, and employees from and against any and all claims, loss, damage and liability for injury to the person or property of another or others directly or indirectly caused by my malfeasance while participating in any level of EPPD activity or while accompanying a member of said department during the active performance of official duties.

I understand under state law I must be a United States Citizen of good moral character who has not been convicted of a felony. I must complete a training program developed by the EPPD. I understand that I may not carry a weapon while performing my duties. I understand that I am not entitled to damages, worker's compensation, or indemnification from EPPD, the City of El Paso, or the State of Texas for injury or property damage I may sustain or liability that I may incur in the performance of my duties. I understand that the EPPD, the City of El Paso, and the State of Texas are not liable for any damages arising from an act of omission in the performance of my duties.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Section V. Agreement/Waiver

This agreement should begin on: \_\_\_\_\_

I hereby certify that I am donating my services as a participant and agree to waive any claim for compensation for such services while assisting the EPPD and the City of El Paso.

I also agree to return the EPPD identification card and any other equipment including any citation books issued immediately upon my resignation or termination from the volunteer program.

### Certificate

I certify that my statements in this application are true, complete, and correct to the best of my knowledge and belief. I understand that any falsification or omission of information may disqualify me from this program, or if I have been previously accepted, cause my dismissal. I also agree that all statements made on this application may be investigated.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Volunteer Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# El Paso Police Department Volunteer Application



**For Office Use Only**

Application:  Approved  Not Approved  
 Volunteer ID card number: \_\_\_\_\_ Start Date: \_\_\_\_\_  
 End Date: \_\_\_\_\_ Program Director : \_\_\_\_\_  
 EPPD Supervisor In Charge: \_\_\_\_\_

**CITY OF EL PASO  
Volunteer Agreement**

All Volunteers must read the following statements and sign on the Volunteer Signature line. Volunteers agree that he/she is a volunteer and not an employee of the City. The City of El Paso should not be subject to any obligations or liabilities incurred in the performance of this contract. As a Volunteer for the City of El Paso:

- I agree to dress in accordance with the City of El Paso Professional Appearance Standards for my assignment, remembering that I am a volunteer and I represent the City of El Paso.
- I agree to respect the patrons/customers by being friendly and cooperative with them and to guide them to a staff member if necessary.
- I agree to respect the function of the permanent staff and to contribute to maintaining professional relationships between the staff and myself.
- I agree to carry out assignments in good spirit and to seek the assistance of my supervisor or another staff person whenever I have a question or have completed a project.
- I agree to exercise caution when acting on the assigned department's behalf in any situation and to protect the confidentiality of all information relating to the assigned department.
- I understand that I must attend Sexual Harassment Training, conducted by the City of El Paso, and adhere to the City of El Paso's Policy and Procedures, if applicable.
- I understand that the City of El Paso or I may terminate volunteer services for any reason at any time, upon notice to the other party. The City shall have no responsibility or liability because of such termination and no further responsibility or liability under this agreement after such termination.
- I agree to perform services for the City of El Paso on a volunteer basis. I understand that I will receive no money or other form of compensation for such services.
- I understand that certain volunteer positions require additional training and I agree to complete any additional training required for that position.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
 (For Applicants under 18 years of age)

The city of El Paso will make every effort to ensure that your volunteer experience is convenient, enjoyable, and productive. If for any reason, you wish to change your assignment, a new volunteer agreement must be signed.





# El Paso Police Department Volunteer Application



**For Department Use Only**

Beginning Date: _____	Reports: _____
Department/Location: _____	Number of Hours/Week/Month: _____
Scope of volunteer work/duties: _____	
I agree placement of the volunteer listed above in my department.	
Department Head Signature: _____	Date: _____

### Waivers and Agreements

**Whereas**, the undersigned not being a member, employee or agent of the El Paso Police Department (EPPD), has applied to serve in a volunteer capacity with and for said police department (as evidenced below hereof);

**Authorization to obtain/release information:** As an applicant for the EPPD volunteer program, I am willing to furnish (or cause to be furnished) any requested information deemed necessary to determine my qualifications. Therefore, I authorize release of any and all information that any contacted person/entity may have, including information deemed confidential or privileged, so that I can receive impartial consideration for service as a Police Volunteer.

Now therefore, in consideration of the City of El Paso, a municipal corporation, by and through EPPD in making available the undersigned the necessary personnel and the use of its offices and other facilities for the aforesaid purpose, I the undersigned, do hereby agree to and knowingly do hereby assume all risks arising in the course of said activity, specifically:

I AGREE to indemnify and hold harmless the City, its officers, agents and employees from and against any and all claims, loss, damage and liability for injury to my person if caused by negligence of the City, its agents or employees or otherwise; and

I FURTHER AGREE to indemnify and hold harmless the City, its officers, agents and employees from and against any and all claims, loss, damage and liability for injury to the person or property of another or others directly or indirectly caused by my malfeasance or malfeasance while participating in any EPPD activity, or while accompanying a member of said department during the active performance of official duties.

I HEREBY certify that I am donating my services as a volunteer and agree to waive any claim for compensation for such services and will not use my status as a volunteer to solicit employment, business or any related endeavor while assisting the EPPD or City of El Paso.

I also agree to return any city owned property issued to me for the use of my volunteer duties and the EPPD identification card immediately upon my resignation or termination from the volunteer/internship program.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Under 18 Parent/Guardian Signature



# El Paso Police Department Volunteer Application



NAME: \_\_\_\_\_  
SOCIAL SECURITY NUMBER: \_\_\_\_\_

---

STATE OF TEXAS        )  
                                  )  
COUNTY OF EL PASO    )

### AFFIDAVIT

Before me, appeared \_\_\_\_\_ and having been duly sworn,  
deposed and stated as follows:

I have received from the City of El Paso a copy of a notice concerning the provisions and definitions in PL104-208, which prohibit a person who has been convicted of a misdemeanor crime of domestic violence from receiving, handling, transporting, or carrying a firearm or ammunition.

As part of my employment with the City of El Paso, I do not receive, handle, transport, or carry a firearm or ammunition.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Employee

SUBSCRIBED AND SWORN BEFORE ME on this \_\_\_\_\_ day of  
\_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission expires:



# El Paso Police Department Volunteer Application



## NOTICE TO CITY OF EL PASO EMPLOYEES CONCERNING PUBLIC LAW 104-208

Public Law 104-208 enacted by the United States Congress makes it a criminal offense for a person convicted of a misdemeanor crime of domestic violence to possess in or affecting commerce, any firearm or ammunition; or to receive any firearm or ammunition which has been shipped or transported in interstate or foreign commerce. 18 U.S.C. sec.922 (g).

The following definitions are also contained in this public law:

The term **firearm** means any weapon including a starter gun which is designed to or may readily be converted to expel a projectile by the action of an explosive, the frame or receiver of any such weapon, any firearm muffler or firearm silencer, or any destructive device. Such term does not include an antique firearm. 18 U.S.C sec. 921(a) (3)

The term **ammunition** means ammunition or cartridge cases, primers, bullets, or propellant powder designed for use in any firearm. 18 U.S.C. sec. 921(a) (17)

The term **misdemeanor crime of domestic violence** means an offense that:

- (a) Is a misdemeanor under Federal, State, or Tribal Law and
- (b) Has, as an element, the use or attempted use of physical force, or the threatened use of a deadly weapon, and was committed by a current or former spouse, parent, or guardian of the victim, or by any person similarly situated to a spouse child or guardian of the victim. 18 U.S.C. sec. 921(a) (33)

This section further provides that a person shall not be considered to have been convicted of a misdemeanor crime of domestic violence if the person was not represented by counsel or did not knowingly and intelligently waive his right to counsel; if the case was not tried by a jury, or the person did not knowingly and intelligently waive his right to have the case tried by a jury, by guilty plea or otherwise; or if the conviction has been expunged or set aside, or it is an offense for which the person has been pardoned or has had civil rights restored unless the pardon, expungement, or restoration of civil rights expressly provides that the person may not ship, transport, possess, or receive firearms.

A partial list of offenses under the Texas Penal Code which may, depending upon the facts and circumstances, constitute a misdemeanor crime of domestic violence are:

Sec. 20.02 (false imprisonment); sec. 22.01 (assault); sec. 22.04 (injury to a child); sec. 22.05 (deadly conduct); sec. 22.07 (terroristic threat); sec. 25.07 (violation of a protective order); sec. 38.03 (resisting arrest); sec. 42.01 (disorderly conduct); sec. 42.02 (riot); and sec. 42.07 (harassment).



# El Paso Police Department Volunteer Application



## Volunteer Contact Information

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

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

City, State, Zip: \_\_\_\_\_

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

Home Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Contact Relationship: \_\_\_\_\_

Address (a must): \_\_\_\_\_

Phone number (a must): \_\_\_\_\_



# El Paso Police Department Volunteer Application



## Certificate of Receipt of the City of El Paso Drug Free Work-Place Policy

I hereby Certify that I have received a copy of the City of El Paso's Drug Free Work-Place Policy

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

(Please print)

Social Security Number: \_\_\_\_\_

Title: \_\_\_\_\_

Department: \_\_\_\_\_

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

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

**EL PASO POLICE DEPARTMENT**  
**ACCESS CONTROL**  
**PERSONAL INFORMATION, IDENTIFICATION**  
**AND AUTHORIZATION FORM**  
**(ALL INFORMATION MUST BE COMPLETED)**

NAME: \_\_\_\_\_  
(Last) (First) (Middle)

DATE OF BIRTH: \_\_\_\_\_ KRONOS: \_\_\_\_\_ BADGE/ID #: \_\_\_\_\_

DRIVER'S LICENSE #: TX/NM \_\_\_\_\_ SOCIAL SECURITY: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_ HAIR COLOR: \_\_\_\_\_

PHONE: \_\_\_\_\_ AGENCY / COMPANY: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

<b><u>H.R. USE ONLY</u></b>
Old Kronos # _____
New Kronos # _____

POLICE OFFICER: \_\_\_\_\_ COMMISSION DATE: \_\_\_\_\_

CIVILIAN / CONTRACT: \_\_\_\_\_ EMPLOYMENT DATE: \_\_\_\_\_

WORK LOCATION: (CIRCLE) HQ ATTF CRC LF MVRC NERC PA PHRC WSRC Disp Ctr  
EOC CSU Fusion Property MSC

<b>EPPD FINGERPRINTS</b>	
Pending <input type="checkbox"/>	ID# / Date: _____
Completed <input type="checkbox"/>	ID# / Date: _____

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

<b>EPPD BACKGROUND SUITABLE</b>	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
ID # / Date: _____	

“By execution of this form, I acknowledge that in the event of loss or theft of the identification/access card, I will be required to pay a replacement fee in accordance with Police Department policy. I certify that my statements are true, complete and correct to the best of my knowledge and belief. I understand that any falsification or omission of information may disqualify me for a Police Department identification badge. I also agree that all statements made on this form may be investigated.”

SIGNATURE OF CARD HOLDER: \_\_\_\_\_

HR AUTHORIZATION: \_\_\_\_\_  
(PRINT) (SIGNATURE)

AUTHORIZING POLICE  
COMMANDER: \_\_\_\_\_  
(PRINT) (SIGNATURE)

**FOR EPPD USE ONLY**

BADGE TYPE: \_\_\_\_\_ CARD #: \_\_\_\_\_ DATE: \_\_\_\_\_

ID & R BADGING CLERK: \_\_\_\_\_ ACCESS: \_\_\_\_\_

ACCESS ADMINISTRATOR: \_\_\_\_\_