Ann Jones, Ph.D Victims Advocacy Ofc. 210-207-2136

F.A.C.T. PROGRAM Application Process

Dear Applicant,

Thank you for your interest in volunteering with the F.A.C.T. (Family Assistance Crisis Team) Volunteer Program. F.A.C.T. is part of the San Antonio Police Department's Victims Advocacy Unit.

F.A.C.T. is also part of the Volunteers in Policing (VIP) Program. The VIP Office must clear all volunteers working with any volunteer program at San Antonio Police Department. There are several steps involved with becoming a volunteer.

1. APPLICATION-Complete the attached application. Be sure to have *Page 5 notarized, sign form in front of a NOTARY. Return to:

SAPD-Victim Advocacy Office 315 S. Santa Rosa San Antonio, TX 78207

- 2. APPLICATION REVIEW- F.A.C.T. staff will review your application. All areas must be completed or have a N/A placed for information that does not apply. Applications not filled out completely cannot be processed.
- 3. CHARACTER REFERENCES- Reference forms are mailed to the people you list within 2-3 working days of receiving the application. Information for references must be current and include zip codes and phone numbers. Check with your references to make sure they receive the form and ask them to return them within the next 2 weeks. References must be returned within 30 days. You can contact the F.A.C.T. Office to check on the status of your application 210-207-2136.
 - 4. ACCEPTANCE or NON-ACCEPTANCE- All applicants will be notified of acceptance or non-acceptance into the program. PLEASE NOTE: Under the Terms and Signature section, an applicant releases the San Antonio Police Department from providing a reason for denial.
- » Processing of applicants includes an interview with the Victim Advocacy Office, and a background check through fingerprinting at Public Safety Headquarters.
- » You must also attend a 3-hour VIP Orientation Class before you start to volunteer.
- » Thank you for your interest.

San Antonio Police Department Volunteers in Policing Application



Please fill out completely or the application will not be processed. If any section does not apply to you, please indicate by writing "N/A". The San Antonio Police Department appreciates your interest in service and commends your volunteer spirit.

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PERSONAL INFORMATION:					
	First Name	Age	e Other na	mes used	Date of Birth
Home address:	City	1	Zip		Place of Birth
Home Phone:	Business P	hone:	,	Cell Pho	ne:
Previous Address(es) Last Five Years	: (If more roo	m is n	needed, attach add	ditional sho	eet)
Email Address:					
CRIMINAL HISTORY AND DRIV	ING RECO	RD:			
Texas Driver License Number			· —	ever been	suspended or revoked:
Have you ever been arrested? Have you ever been convicted of a cri If yes to any, please explain:	Yes 🗌 me? Yes 🗍		No No		
Traffic citations and accidents for the	past two year	·s:			
REFERENCES					
References: NO NOT USE FAMILY MEM years. (Pleaselist name, complete address Name Addre	with <u>zip code</u> , a		ephone number)	ndividuals y Phone #	ou have known for at least 5 E-mail
1. Audit	233	Zipc	ouc	1 Hone #	L-man
2.					
3.					
4.					
EDUCATION BACKGROUND AN	ID MILITAI	RYEX	XPERIENCE		
Please check highest level of education				~	~
_	igh School Di ome Graduate			Some Coll Graduate I	· - <u>-</u>
High School Attended:	ine Graduale		College Attended:	Stududio I	, c ₅ , cc
Military Service Branch:	Rank:		Time Served:		Date Discharged:

EMPOLYER HISTORY:	(Please fill out completely) If	you are retired, please note "Not Applic	able"
Current Employer:	Occupation:	From Date:	To Date:
Business Address: (Includi	ng city state, and zip code)	Phone Number:	
Employment for past five y	years (Please include firm name,	address, supervisor, dates):	
1.			
2.			
3.			
4.			
Tell us a little about y	ou		
What are your hobbies and	interests?		
Have you volunteered before	ore? If so, what did you do and v	where?	
Do you prefer an office set	ting or a more active role?		
Please briefly state why yo sheet if necessary). This <i>qu</i>		the San Antonio Police Department	t. (Use another

EMERGENCY INFORMATION:		
In case of emergency, please notify:		
Name: Addres	<u>ss</u>	
Relationship:	Day Phone and Night Phone D: N:	
	<u>D</u> : <u>N</u> :	
TERMS AND SIGNATURE		
As a volunteer with the San Antonio Police Douse in determining my qualifications.	epartment, I am willing to furnish information for	
•	learance check/background will be conducted, and information will be requested only if a specific heck.	
I understand that falsifying statements on this cause for my immediate dismissal from the Vo		
I understand that the San Antonio Police Depa any outside entity without my written consent	artment will not disclose any of my information to.	
I understand that the San Antonio Police Doif any, for not being selected to the program	epartment will not have to disclose the reason,	
knowledge. I further authorize the San Antonio Police Deposit the background process. If accepted to perform volunte	ed in this application is correct and accurate to the best of my partment to verify criminal history and driving records as part er duties for the San Antonio Police Department, I understand I espect and maintain all that confidentiality whenever presented	
Signature:	<u>Date</u> :	

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I respectfully request and authorize you to furnish the San Antonio Police Department any and all information that you may have regarding me, or my reputation. This includes, but is not limited to, the following information:

Employment Record (attendance, performance, etc.)
Polygraph Examination Results
Criminal Records and Reports
Education Records
Military Records (disciplinary action)
Information of a confidential nature or information considered as
Privileged and photostats of same, if requested.

I hereby direct you to release such information upon request of bearer.

This information is to be used to assist the San Antonio Police Department in determining my acceptance as a "Police Volunteer".

I hereby release you, your organization or anyone furnishing such information from any and all liability for damages of whatever kind or nature which may at any time result in harm to me from furnishing the information requested above on account of compliance or attempts to comply with this authorization.

A photocopy reproduction of this request shall be for all intents and purposes as valid as the original. This form may be retained in your files.

Printed Name	Signature of Applica	nnt
Alias/Maiden Name	Date	
Address	City, State	Zip Code
Date of Birth	Race Sex	DL and State
SUBSCRIBED AND SWORN TO BE ME on this the 20	day	y of,
(seal)		
No	otary Public	
My	Commission Expires:	

VO	DLUNTEER TASK DATA
	ted below are the available positions. Please place an "X" in each box designating each gram in which you wish to participate.
	Unit Assistant Flexible Hours between 8:00 a.m. to 8:00 p.m. Volunteer will assist a unit with light filing, faxing, answering telephones and other duties.
	Youth Services Records Patrol Division Payroll Sex Crimes Accounting Public Info. Office Fleet Court Liaison Vehicle Crimes Research & Planning
	Warrant Drive Enforcer: Volunteers research and maintain the SAPD Warrant Tracking System. Process identifies Municipal Court Warrants and enables the Department to remove old, cleared or insufficient warrants.
	Family Assistance Crisis Team (F.A.C.T.): Volunteers assist victims of Sexual Assaults and Domestic violence. The various departments may be Victim advocates office, Special Victim Unit, Homicide Unit, The Family Justice Center, NCID. Hours and Days are open to accommodate each volunteer.
	Citizen Observers Reducing Auto Theft (CObRA-T) Late evenings Weekdays & Weekends Volunteer will receive training from assigned officers on how to spot suspicious/criminal activity from a safe distance. Once trained, volunteer would coordinate schedule with assigned supervisors.
	Special Projects : Assist with special departmental projects sponsored by the police department or projects that are approved by the group.
	Public Safety Team (P.S.T.): Volunteers are required to complete 40 hours of additional training which will enable them to issue Handicap Parking citations to the public and perform other non-hazardous duties for the Department. Volunteer who are interested in applying will be interviewed by a panel of sworn personnel and current PST members.
	Internship: Available for college and university students looking to gain insight and experience within the criminal justice system. Units include Homicide, Evidence, Sex Crimes, Community Services, SAFFE (San Antonio Fear Free Environment), Geographical Information Systems, Research and Planning, and VIP.
	Cellular On Patrol : On opportunity for citizens to work closely with the police to make neighborhoods and businesses a safer place to live and work. Participants are required to attend two (2) four hour classes (total 8 hours) with the opportunity for up to eight hours of ride-along with a district police officer.
	Citizen's Police Academy : Opportunity for participants to gain insight into the day-to-day operations of the San Antonio Police Department. Includes classroom presentation, lectures, field trips and hands-on experiences as to what Police Officers experience through the Academy and Department. The course is one (1) night a week for eleven (11) weeks from $7:00-10:00$ p.m. at the Training Academy.
	Disaster Preparedness : Volunteers have an opportunity to become one of our community leaders in disaster preparedness. A new program where volunteers have the opportunity to learn what it takes to instruct local communities to be self-sufficient until the proper authorities arrive and assist others in the event a disaster occurs.

AGREEMENT INCLUDING RELEASE AND INDEMNIFICATION

•	the San Antonio	Police Departme	nt's Volunteer In Policing Program	1
NOW, THEREFORE, for and agreements set forth in this Agr or employees, shall not be liable or re and INDEMNIFIED by VOLUNTEI or liability of any character, type, or court costs, and attorney fees for in sustained by any person or persons of participation of VOLUNTEER in the including claims and damages arising employees.	eement, the CIT esponsible for, an ER from and aga or description, in jury or death to or property aris he San Antonio	Y and VOLUNTI nd shall be SAVED ninst any and all su ncluding but not lo any person, or d ing out of, or occa Police Departmen	o, HELD HARMLESS, RELEASED tits, actions, losses, damages, claims limited to all expenses of litigation, amage to any property received or sioned by, directly or indirectly, the nt's Volunteer In Policing Program	,
INDEMNITY PROVIDED FOR I VOLUNTEER TO INDEMNIFY A ACTIONS, AS SET FORTH ABOVE THE PARTICIPATION OF VOLUN CLAIMS OR ACTIONS ARE FOUR OF CITY, ITS REPRESENTATIVE	IN THIS AGR AND PROTECT E, OF ANY KIN NTEER IN THE NDED IN WHO ES, AGENTS OI	EEMENT IS AN THE CITY FROM ARISING DIR PROGRAM, RECULE OR IN PART REMPLOYEES.	OM ANY AND ALL CLAIMS OR RECTLY OR INDIRECTLY FROM GARDLESS OF WHETHER SUCH UPON ALLEGED NEGLIGENCE	. [
It is further understood and a on a voluntary basis and not as an er			ll participate solely as an individual e CITY or its agents or employees.	
In making this Agreement, knowledge and has not been influence contained in this Agreement.		•	pon his/her judgment, belief and ny representative or statements not	
VOLUNTEER SIGNATURE		DATE		
ADDRESS	CITY	STATE	ZIP CODE	-
TELEPHONE NUMBER		EMERGENCY	Y NAME & NUMBER	-



City of San Antonio Police Department

SAN ANTONIO

POLICE

An Organization of Value-Oriented People,
Reflective of Our Diversity,
Dedicated to Serving the Community
With Integrity, Honor, and Fairness;
That All May Know Justice, Equality,
And Freedom Under the Law.

AUTHORIZATION AND REQUEST FOR RELEASE OF MILITARY RECORDS

To: Military Personnel Records Center 9700 Page Boulevard St. Louis, Missouri 63132-5100

As an applicant for the position as a volunteer with the San Antonio Police Department, I hereby authorize and direct the National Personnel Center, St. Louis, Missouri, or any other custodian of my military records to release all copies of my military personnel records, including but not limited to, copies of my DD214 (Report of Separation), my eligibility for re-enlistment in the Armed Forces of the United States, records of any and all judicial and non-judicial punishments, records of decoration, performance ratings, and any and all other records which you may possess.

Signature of Applicant		Date	
Please Print Legibly: Full Name of Veteran/Service Member	-		NC LU
	Last	First	Middle
Date of Birth:	Place of Birth	:	
Social Security #:	Service	e#:	
Date of Entry Into Service:		Date of Discharge:	
Branch of Service:		Officer?	Enlisted?
Branch of Service (If More Than One)			
Last Assignment:			

YOU ARE HEREBY AUTHORIZED AND DIRECTED TO MAIL ANY AND ALL INFORMATION WHICH I HAVE REQUESTED TO:

San Antonio Police Department Victims Advocacy Office 315 S. Santa Rosa Street San Antonio, Texas 78207