Dear Chaplain Applicant:

Thank you for your interest in joining the Denver Police Department Volunteers in Police Service Volunteer program!

This application packet contains all the necessary documents you will need to begin the process of joining the program. Please complete and sign all of the following paperwork and return it to the VIPS office. You will receive confirmation once we have received your application. Please keep in mind that due to the sensitive and confidential nature of police work, the process is thorough, and can take four to six weeks to complete.

Applications can be returned via:

- **Post or in person:** Denver Police Headquarters
  VIPS Unit Room 110
  1331 Cherokee St.
  Denver, CO 80204

- **Email:** dpdvip@denvergov.org
- **Fax:** (720) 913-7019

The following is a checklist of all materials required to successfully complete an application. If at any time you have questions, please do not hesitate to contact us.

<table>
<thead>
<tr>
<th>Application Paperwork Checklist</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
</tr>
<tr>
<td>☐</td>
</tr>
<tr>
<td>☐</td>
</tr>
<tr>
<td>☐</td>
</tr>
<tr>
<td>☐</td>
</tr>
</tbody>
</table>

*Please note: applicants must be 18 years or older to apply.

*Applicants may be disqualified, after review, at the discretion of the VIPS Administrator.

*There is NO appeal process for disqualification from the VIPS program.
### Personal Information

<table>
<thead>
<tr>
<th>Full Name (First, Middle, Last):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>Home Address:</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Phone #:</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

### Previous Addresses (last 5 years)

1.

2.

3.

### Personal References

*Family members may not be used as references. Please do not duplicate employment references. Please make sure contact information is accurate.*

<table>
<thead>
<tr>
<th>Name:</th>
<th>Phone Number:</th>
<th>Relationship:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Employment for the past seven (7) years:

*Attach a separate sheet if necessary. Please make sure information is accurate.*

<table>
<thead>
<tr>
<th>Company Name:</th>
<th>Contact Phone:</th>
<th>Supervisor:</th>
<th>Dates Employed:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Religious Affiliation

<table>
<thead>
<tr>
<th>Religious Affiliation/Denomination:</th>
<th>Endorsing Entity:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please provide:

1. A Letter of Endorsement, including a person of contact and their contact information.
2. A copy of ordination or licensing by denomination.
### Chaplain Profile

**CHAPLAIN/COUNSELING/MINISTERIAL SPECIFIC EDUCATION AND TRAINING** (attach additional sheets if necessary):

| ___________________________________________________________ |
| ___________________________________________________________ |
| ___________________________________________________________ |
| ___________________________________________________________ |
| ___________________________________________________________ |

**CHAPLAIN/ MINISTRY EXPERIENCE** – Check any of the ministry role(s) in which you have served in the past and provide the dates and a brief description (attach additional sheets if necessary):

- ___ Chaplain (Specify Type)
- ___ Pastor
- ___ Counselor (Licensed/Certified)
- ___ Crisis Intervention/Disaster Response
- ___ Other (Describe)

| ___________________________________________________________ |
| ___________________________________________________________ |
| ___________________________________________________________ |
| ___________________________________________________________ |
| ___________________________________________________________ |

**WHY DO YOU WANT TO BE A POLICE CHAPLAIN?** (attach additional sheets if necessary):

| ___________________________________________________________ |
| ___________________________________________________________ |
| ___________________________________________________________ |
| ___________________________________________________________ |
| ___________________________________________________________ |

---

By signing, I do hereby certify that all information contained in this application is correct and accurate to the best of my knowledge. If accepted to perform volunteer duties for the Denver Police Department, I understand I may be privy to confidential information and promise to respect and maintain that confidentiality.

Signature: ___________________________  Date: ______________

Printed name: ___________________________
DENVER POLICE DEPARTMENT
CHAPLAINS APPLICATION ADDENDUM

THE POSITION:

The purpose of the Denver Police Chaplains' Program is to provide spiritual and emotional guidance and counseling to all members of the Denver Police Department, both sworn and civilian, and their families in time of need.

The DPD Chaplain’s role is that of being a representative of God and their particular denominational or credentialing body. It is the DPD Chaplain’s responsibility to assist all Officers or their family members, upon request, on matters that fall within the Chaplain's purview. The DPD Chaplain’s role is not that of a Police Officer and the Chaplain should not interfere in any way with an Officer in the performance of his/her duties and must be subject to the authority of any on duty officer they may be with.

JOB RESPONSIBILITIES:

The DPD Chaplains Program consists of volunteer clergy and chaplains that are available on the basis of need and desire:

• The DPD Chaplains Program exists to support the Denver Police Department and does not offer chaplaincy services to the general public, until authorized to do so by the Chief of Police or the Volunteers in Police Service Administrator.

• The Chaplaincy services are optional and are available by request.

• Chaplaincy is a Ministry of Presence and not an opportunity to proselytize.

• The Chaplain Program is religiously neutral until the person in need requests religious information or insight.

• The Chaplain is not intended to replace any individual's personal faith nor their clergy. Some officers may have a faith base and minister, while others may not. Chaplains will meet the officers and their families “right where they are at and in their time of need.”

• Every effort will be made to try to accommodate the religious/spiritual preferences of those individuals being served, including contacting specific religious practitioners that may be requested from time to time.

• Chaplains often respond to Police emergencies and support the officers and their families when in need, as directed by the Head Chaplain, VIPS Program Administrator, or Sgt. of the Chaplaincy Program.

• Chaplains will provide guidance, counseling and comfort in times of crisis, as directed.

• The Chaplain will serve with confidentiality and credibility.

QUALIFICATIONS:

• Be Ecclesiastically Endorsed – An Ecclesiastical Endorsement is the written
acknowledgement by a faith/chaplaincy group/denomination that an individual is in good standing and meets the qualifications for clergy/chaplaincy credentials with their faith/chaplaincy group/denomination.

- Have a minimum of five (5) years of ministry or chaplaincy experience.
- Chaplains should be one of the following:
  - Full-time or retired clergy duly ordained, licensed, commissioned or appointed by their church, synagogue, or religious body.
  - Clergy trained individuals with Chaplain specific training and certification.
  - Ordained/licensed religious leader or clergy with professional experience with a religious organization or social service agency.
- Be a member of or able to meet the requirements of and be accepted for membership in a Departmental approved chaplaincy training & development organization such as The Rocky Mountain Police Chaplains (RMPC) or the International Conference of Police Chaplains (ICPC). This includes completion of a minimum level of training as determined by the Department.
- Be willing to serve in a capacity of being available on a 24/7/365 basis as necessary.
- It is preferred that candidates possess at minimum an Associate Degree or equivalent and 60 additional hours of theological, ministerial or chaplaincy training. However, commensurate life experience and training may be acceptable.

ADDITIONAL INFORMATION:

All prospective Chaplains must be willing to submit to a completed application, undergo an extensive background investigation, including CCIC/NCIC and driving history, social media and google check.

Chaplains are considered volunteers and serve in a non-sworn capacity. Chaplains shall be regulated by policies pertaining to the use of volunteers.

Chaplains must adhere to the rules of confidentiality as set forth by the State of Colorado and the Denver Police Department.

All new Chaplains, will serve the Chaplains’ Program on a probationary basis for a minimum of six (6) months. This time may be extended.

COSTS RELATED TO BEING A DPD CHAPLAIN:

The department will attempt to cover certain expenses related to being a DPD Chaplain such as, uniforms, certain equipment, etc. Funds are not always available for expense reimbursement. Accordingly, Chaplain’s may bear the full cost of these items.
CERTIFICATION, AUTHORIZATION, & WAIVER REGARDING BACKGROUND INVESTIGATION

Certification

I certify that all statements in my application, resume, and any other document I have submitted for a position with the Denver Police Department or the City and County of Denver are true, complete and correct to the best of my knowledge and belief. I further certify that all oral statements I have made or caused to be made to any representatives of the Denver Police Department or the City and County of Denver are true, complete and correct to the best of my knowledge and belief. I understand and agree that ALL statements may be investigated.

I understand that any falsification or omission of information discovered at any time during the selection process or during subsequent volunteering, may bar me from consideration for a position of volunteering or, if I have been selected, cause my dismissal from the Denver Police Department or the City and County of Denver.

Authorization

I hereby authorize the Denver Police Department and the City and County of Denver, during the application process or during the course of any subsequent volunteering with the Denver Police Department or the City and County of Denver, to obtain information from any source as to my education, experience, qualifications, driving record, criminal history, or any other aspect of my background, as such information relates to the position for which I am being considered, or in which I may be volunteering already. In order to facilitate a search for information, I hereby confirm the following:

Full Legal Name (Print) ____________________________________________________________________

First Middle Last

Other name(s) used __________________________________________________________________________

Driver’s License Number __________________ State _______ Expiration Date __________________

Please list any other current driver’s license from another state ______________________________________

Waiver

I release and waive any claim or cause of action against any person responding to any inquiries authorized herein, and against the Denver Police Department and the City and County of Denver in making such inquiries.

A photocopy or fax of this certification, authorization, and waiver shall be as valid as the original and may be used in its stead.

Signature ____________________________________________ Date________________________
NEW VOLUNTEER IDENTIFICATION CARD REQUEST

This Form must be completed and forwarded to or accompany the applicant to the Identification Bureau. Be advised that the identification card issued is the sole property of the Denver Police Department and may be revoked at any time. The identification card MUST be worn at all times while on Denver Police Property.

All requests for Identification cards will be processed through the Identification Bureau and must have the approval of a Commander or higher. The Office of the Deputy Chief of Administration reserves the right to exclude parties from entering a managed facility based upon this record check.

(Applicant) Last Name: ___________________ First Name: ___________________ MI: ____

Maiden Name, AKA or Other Names Used: __________________________________________

Race: ______________                  Sex: ( ) Male  ( ) Female

Date of Birth:   ____/_____/_____   Place of Birth: ____________

Social Security Number: xxx-xx-__________

Height: ______      Weight: ______      Hair Color: ______      Eye Color: ______

Glasses? ____ Yes     ____ No           Contact lenses? ____ Yes     ____ No

Mustache? ____ Yes     ____ No          Beard? ____ Yes     ____ No

Current Address: ______________________________________________________________

Applicant Signature: ___________________________________            Date: __________

Revised 7/15
NONCRIMINAL JUSTICE APPLICANT PRIVACY STATEMENT

As an applicant who is the subject of a national fingerprint-based criminal history record check for a non-criminal justice purpose you have certain rights which are discussed below.

Your fingerprints will be used to check the criminal history records of the State of Colorado and the FBI and that those records will be used solely for the purpose requested and may not be disseminated outside the receiving department, related agency or other authorized entity.

If you have a criminal history record, the officials making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.

- Procedures for obtaining a change, correction, or updating of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.

- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record, or decline to do so, before being denied the job, license, or other benefit based on information in the criminal history record.

The fingerprints and information reported from this request may be disclosed pursuant to your consent, and may also be disclosed by the FBI without your consent as permitted by the Federal Privacy Act of 1974 (5 USC 552a(h)). Routine uses include, but are not limited to, disclosures to appropriate governmental authorities responsible for civil or criminal law enforcement, counterintelligence, national security or public safety matters to which the information may be relevant; to State and local governmental agencies and nongovernmental entities or application processing as authorized by Federal and State legislation, executive order, or regulation, including employment, security, licensing, and adoption checks. The City and County of Denver may only release arrest records for arrests made by the Denver Police Department. All other records must be obtained from the Colorado Bureau of Investigation or the Federal Bureau of Investigation.

If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at http://www.fbi.gov/about-us/cjis/background-checks. If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI at the same website address as provided above. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30-16.34)

If a change, correction or update needs to be made to a Colorado criminal history record, that process information is available on the Colorado Bureau of Investigation website. https://www.colorado.gov/pacific/cbi/identity-theft-and-mis-identification

Your signature below acknowledges this agency has informed you of your privacy rights for fingerprint-based background checks used by the agency for non-criminal justice purposes.

____________________________________/____________
Signature of Applicant Date