



Winters Police Department

702 Main St, Winters CA 95694 | Office (530) 795-2261 | Fax (530) 795-3921

TAGS PROGRAM APPLICATION

OBJECTIVE:

Supporting the Winters Public Safety departments in the discharge of their public service missions, by establishing a Trauma and Grief Support program, whose team members may be called upon by Winters Public Safety personnel to assist with citizens on scene who are experiencing grief and trauma concomitant to a critical incident. Because of the major risks and constant stresses faced by public safety personnel in the line of duty, Trauma and Grief Support team members will be available at all times to department public safety personnel addressing any impact to wellness from the rendering of emergency responder services.

GENERAL MEMBERSHIP REQUIREMENTS:

- Provide two letters of recommendation from family members, friends, supervisors, etc.
- Commit to respond to calls when contacted by dispatch or emergency services department personnel.
- Be interested in public safety services and committed to learning the skills necessary to effectively relate to emergency services personnel.
- Within four weeks of acceptance, Volunteers must possess a Winters Police Department Volunteer Uniform. Uniforms will be provided by the Winters Police Department.
- Within a month of acceptance into the program, Volunteer must complete the orientation meeting.
- If, at any time, Volunteer is not able to meet the requirements of the program, they shall contact the Volunteer Coordinator regarding other opportunities in the Volunteer Program or separation from the Volunteer program.
- Successfully pass a background investigation, including, but not limited to: Criminal history check, DMV history check, and contact with listed references.

All the above requirements are taken into consideration when considering an applicant. None of the above are intended to be an automatic disqualifier. If special circumstances exist that should be considered during the application period, contact the Volunteer Coordinator.



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DUTIES OF THE TAGS:

The below listed duties constitute only a brief summary of what may actually be required in any situation that may be encountered.

- Emergency Situations: TAGS will respond when contacted by dispatch or emergency services department personnel and will report at the scene to the officer in charge. This may include situations such as:
 - A working fire.
 - A critical incident.
 - A critical injury or death to a firefighter or police officer.
 - An incident involving a victim that is related/known to department personnel.
 - Whenever the incident commander determines that the services of the TAGS may be of value in the ongoing emergency operation.

- Routine Duties:
 - Visit all stations and shifts.
 - Visit hospitalized department members and members of their families.
 - Be available for helping members of the department in times of stress or difficulty.
 - Assist when requested by any division of the departments in their programs.
 - Attend Fire and Police department functions.
 - Attend funeral/memorial services.
 - Be a member of the critical incident stress debriefing team.
 - Be on-call on a twenty-four hour a day basis.

APPLICATION REQUIREMENTS:

- All lines must be completed. If an item does not apply, indicate “not applicable” (N/A)
- Give complete information, including first, middle, and last names
- Sign the forms in the appropriate places
- Intentional withholding of information or falsification of information on this application will result in immediate denial of acceptance. If the applicant is accepted and falsification is discovered, the Volunteer will be dismissed without recourse and may be disqualified from any future participation.
- Applications can be submitted online, brought to the Police Department front counter, or mailed to: Winters Police Department ATTN: Volunteer Program 702 Main Street Winters, California 95694
- Once your application is received, you will be contacted for an interview date.



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AGREEMENT ASSUMING RISK OF INJURY OR DAMAGE WAIVER AND RELEASE OF CLAIMS/LIABILITY

I hereby completely acknowledge, comprehend, and agree to the following in consideration for authorization to participate in the Volunteer Program with the Winters Police Department. I am fully aware of and understand the nature of the work and activities of said Department are inherently dangerous involving risk of injury, damage or loss to person and property.

I acknowledge I may be subjected and exposed to the risk of death, great physical bodily injury, mental/emotional/psychological trauma, post-traumatic stress disorder, or property damage during the program. I further understand that hazardous conditions and unusual circumstances may arise including (but not limited to): exposure to the use of non-lethal and lethal weapons, acts of violence, violent subjects, unlawful acts, assaults, riots, disturbances or the peace, fires, explosions, radiation, electrocution, chemical exposure, potentially harmful biological exposure, natural disasters, nuclear disasters, unforeseen variables, and occurrences, and acts of war.

I have read and understand the following provisions of California Vehicle Code Section 17158: No person riding in or occupying a vehicle owned by them and driven by another person with their permission and no person who as a guest accepts a ride in any vehicle upon a highway without giving compensation for such ride, nor any other person, has any right of action for civil damages against the driver of the vehicle or against any other person legally liable for the conduct of the driver on account of personal injury to or the death of the owner or guest during the ride; unless the plaintiff in any such action establishes that the injury or death proximately resulted from the intoxication or willful misconduct of the driver.

I understand that while occupying a vehicle of the Winters Police Department, that my status is that of a guest. My right for civil damages against the driver of the said vehicle or any other person legally liable for the conduct of the driver, for death, personal injury, or property damages is that provided by California Vehicle Code Section 17158.

Furthermore, I hereby agree that myself, my heirs, executors, and any other administrators or assigns will defend, indemnify, and completely release and hold harmless of any and all loss, liability, and responsibility, the City of Winters (including the Winters Police Department), its directors, officers, , employees, agents, or volunteers of any and all manner of actions, suits, claims, debts, demands, damages, or liability or expense of any and every kind and nature incurred or arising by reason of any actual or claimed negligence or wrongful act or omission of mine while participating in the Winters Police Department Volunteer Program.

I have carefully read, completely agree with, and understand this document. This document is binding in accordance with the laws of the State of California

******* READ THIS DOCUMENT COMPLETELY BEFORE SIGNING *******

VOLUNTEER APPLICANT

PRINT NAME

SIGNATURE

DATE



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APPLICANT INFORMATION

Complete Name	
Any other Names Used (Maiden)	
Date of Birth	
Address	
Email	
Phone	

EMERGENCY CONTACT

Complete Name	
Address	
Phone	
Relationship	

EMPLOYMENT

Are you employed?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Work Location	
Phone	
Average number of hours per week	

DRIVING RECORD

Do you have a license?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Driver's License Number	
Traffic Violations	<input type="checkbox"/> No <input type="checkbox"/> Yes		
If yes, please list			

CRIMINAL RECORD

Arrested for crime?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Date of Arrest	
Convicted of crime?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Date of Conviction	
Have you used drugs?	<input type="checkbox"/> No <input type="checkbox"/> Yes		
If yes to any of the above, please list			

Please list the preferred days of the week/ hours when you could volunteer

Previous training, skills, and experience? _____



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REFERENCES (All applicants must provide 2 letters of recommendation)

REFERENCE 1

Complete Name	
Address	
Phone	
Relationship	

REFERENCE 2

Complete Name	
Address	
Phone	
Relationship	

I hereby apply for the position of Volunteer at the Winters Police Department. I hereby authorize the Winters Police Department and the City of Winters and/or its agents to make an independent investigation of my background, references, character, past employment, education, credit history, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualification for volunteer service now and, if applicable, during the tenure of my volunteer service with Winters Police Department and the City of Winters.

VOLUNTEER APPLICANT

PRINT NAME

SIGNATURE

DATE