

Santa Cruz County Sheriff-Coroner



Volunteer Application

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Contact Information

| | |
|------------------|--|
| Name | |
| Street Address | |
| City ST ZIP Code | |
| Home Phone | |
| Cell Phone | |
| E-Mail Address | |

Employment History

| | |
|--------------------------|--|
| Current or Last Employer | |
| Position | |
| Length of Employment | |
| Supervisor | |
| Street Address | |
| City ST ZIP Code | |
| Phone | |
| E-Mail Address | |

Volunteer History

| | |
|------------------------|--|
| Organization | |
| Position | |
| Length of Service | |
| Supervisor/Coordinator | |
| Street Address | |
| City ST ZIP Code | |
| Phone | |
| E-Mail Address | |

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports .

| |
|--|
| |
|--|

Availability

When days and times are you available for volunteer assignments?

| |
|--|
| |
|--|

Background Information

| | |
|--------------------------------|--|
| Date of Birth | |
| Drivers License or ID# | |
| List any adult arrest | |
| List any restraining orders | |
| List traffic citations <3 yrs. | |
| List any illegal drug use | |

Person to Notify in Case of Emergency

| | |
|------------------|--|
| Name | |
| Street Address | |
| City ST ZIP Code | |
| Home Phone | |
| Cell Phone | |
| E-Mail Address | |

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

| | |
|-----------|--|
| Signature | |
| Date | |

Sheriff's Office Use Only

| | |
|--------------------------|--|
| Interview | |
| Drivers License | |
| Local Records | |
| State & Federal Warrants | |
| Employment Verification | |
| Volunteer Verification | |
| Live Scan Fingerprints | |

Approved:

Lieutenant

Date



County of Santa Cruz

Sheriff-Coroner

5200 Soquel Ave., Santa Cruz, CA 95062

(831) 454-7610 (831) 454-7690

Jim Hart

Sheriff-Coroner

Waiver and Release of Liability for All Applicants

I fully recognize that individuals must clearly demonstrate their personal, medical, and psychological fitness to serve with a law enforcement agency. I further recognize that an employing agency has both a legal and moral obligation to make every reasonable effort to insure that persons employed by them will conform to the highest standards.

I understand that an intensive investigation into all aspects of my background will be conducted. I also fully understand that all and any disqualifying information that is discovered or revealed by the Santa Cruz County Sheriff's Office will be disclosed to my present employer (if present employer is a law enforcement related agency). I further recognize that although some of the information contained in this report is a matter of public record, or would otherwise be accessible to me, this information will be inextricably interwoven with other confidential data to which I would not be privy.

Therefore, I release and hold harmless the County of Santa Cruz, its Sheriff's Office, and their officers, agents, or assigns, now and in the future, from any claims or damages, whether in law or equity, on behalf of myself, my heirs, agents, or assigns for their refusal to make available any and all information contained in this pre-employment investigation, including but not limited to the identity of any person or organization who may have supplied information in the course of this investigation, as well as the substance of any such information supplied.

I hereby knowingly, voluntarily, specifically, and permanently waive any rights I may have to examine, review, or to otherwise discover the contents of this investigation and all documents related thereto, whether by request, appeal, grievance, or by legal process.

This waiver and release of liability includes Deputy Sheriff and Trainee, Correctional Officer, Community Service Officer, Security Officer, Clerks, Cooks, and Volunteers.

Name Printed

Date

Signature

Santa Cruz County Sheriff's Office



How did you learn of this volunteer opportunity?

Website Flyer Newspaper Recruiter Radio Sheriff's Employee Sheriff's Volunteer Other

Civilian Volunteer Personal History Questionnaire

Applicant: _____ Position: _____
Phone: _____ Email: _____
Address: _____ City, St., Zip: _____
Date of birth: _____ Drivers License #: _____
Computer Skills: _____ Bi-Lingual/Language: _____
Other relevant skills or certifications: _____

For Departmental Use Only

Reviewed by: _____ Title: _____ Date: _____

Notes: _____

The Sheriff's Office conducts a background investigation that includes fingerprinting, criminal history, drivers license, and employment/volunteer experience for all volunteer positions. All responses are subject to verification; any false statement, misrepresentation, or deliberately non-responsive answer will result in disqualification from the selection process for all positions with the Sheriff's Office. It is in your best interests to answer all questions honestly, even if you feel there is something in your past that reflects poorly on you. The matter may or may not be disqualifying, but lying always results in disqualification. If you are dishonest during this process you will damage your future credibility with this agency and other law enforcement agencies. Read and answer each question carefully. Do not divulge information concerning a medical condition. If you have a question, ask a Sheriff's representative.

Information that constitutes a prosecutable crime, possible endangerment to any person, or could negatively reflect on your fitness for duty if currently employed by a public safety agency may be referred to the appropriate authority for investigation. If you do not want to complete this questionnaire you may withdraw from the selection process by informing a Sheriff's representative.

By completing this questionnaire, I am acknowledging I have read and understand the above information. I authorize investigation of all matters contained in this questionnaire. I agree to inform the Sheriff's Office of any change of status that relates to the background investigation while involved in the selection process. I certify that all answers are true and accurate. I understand that any false statement or attempt to withhold information will result in my disqualification from the selection process.

Applicant Signature

Date

1. Are you willing to respond to call-outs on evenings, nights, early mornings, weekdays, weekends, and holidays? (Not necessary for all volunteer positions)

Yes No - Explain: _____

2. Are you willing to work in adverse conditions including rain, wind, darkness, uneven terrain? (Not necessary for all volunteer positions)

Yes No - Explain: _____

3. Have you previously applied for any position with the Santa Cruz County Sheriff's Office?

No
Yes: Position: _____ Year _____ Result _____

4. Do you have a valid driver's license?

Yes - State _____ No

5. Has your driver's license ever been suspended, revoked, or placed on probation?

No
Yes Year: _____
Reason: _____

6. Have you received any traffic citations during the past 3 years?

No
Yes: Date/Offences: _____ Date/Offences: _____

7. Have you been involved as a driver in a motor vehicle accident during the past 3 years?

No

Yes: Date and type of accident: _____ At fault?: No/YES

8. Have you ever stole property from an employer?

No Yes/Year: _____ Employer: _____
Explain: _____

9. Have you ever been accused of sexual harassment or discrimination in the workplace?

No Yes/Year: _____ Employer: _____
Explain: _____

10. Do you have any bias, prejudice, or hatred against any persons or group of persons due to race, color, creed, ancestry, disability, medical condition, marital status, gender, pregnancy, sex, sexual orientation, age, or veteran status?

No Yes - Explain: _____

11. Have you ever used an illegal drug while you were working?

No Yes/Year: _____ Employer: _____

12. Have you ever been involved in a physical altercation with a co-worker or supervisor?

No Yes/Year: _____ Employer: _____
Explain: _____

13. Have you ever served in the armed forces, National Guard, or military reserves?

No Yes/Branch of service _____ Dates of service _____ to _____
Type of discharge _____

14. Have you ever been named in any restraining order, temporary restraining order, emergency protective order, domestic violence restraining order or court injunction?

No Yes/Year: _____ County: _____
Reason: _____

15. Have you ever been questioned as a suspect, accomplice, or accessory in any crime?

No Yes Year: _____ Crime: _____ Agency: _____
Explain: _____

16. Have you ever been detained, handcuffed, cited, or arrested for any crime?

No Yes/Year: _____ Crime: _____ Agency: _____
Explain: _____

17. Have you ever been convicted or pled guilty or no contest to any crime?

No Yes/Year: _____ Crime: _____ Agency: _____

Explain: _____

18. Has a warrant ever been issued for your arrest?

No Yes/Year: _____ Crime: _____ Agency: _____

Reason: _____

19. Have you ever been placed on probation by any court or agency authorized to impose a term of probation or other type of supervision?

No Yes Year: _____ Crime: _____ Agency: _____

Explain: _____

20. Have you ever been a member or associate of any criminal street gang?

No Yes Year: _____ Gang: _____ Moniker: _____

Explain Affiliation: _____

21. Has anyone in your family ever been a member or associate of a gang or criminal enterprise?

No

Yes Name: _____ Relationship: _____ Gang: _____

22. Have you ever been involved in a domestic dispute resulting in police response or investigation?

No Yes/Year: _____ Agency: _____ Reason: _____

Explain Circumstances: _____

23. Have you ever been the subject of a referral to, or investigation by, any Child Protective Service agency or Adult Protective Service agency?

No Yes/Year: _____ County: _____

Explain Circumstances: _____

24. Have you ever used, consumed, tried, ingested, smoked, injected, etc. any the following drugs:

Cocaine or crack NO – YES Month and Year: _____

Methamphetamine or other stimulants NO – YES Month and Year: _____

Depressants NO – YES Month and Year: _____

LSD, mushrooms, or other hallucinogens? NO – YES Month and Year: _____

Heroin, opium or other narcotics? NO – YES Month and Year: _____

Ecstasy or other designer drugs? NO – YES Month and Year: _____

PCP? NO – YES Month and Year: _____

25. Have you ever sold or helped sell or distributed illegal drugs? NO – YES Month and Year: _____

Explain: _____