



MONTEREY COUNTY, CALIFORNIA
SHERIFF'S OFFICE
Keeping the peace since 1850

CIVILIAN / VOLUNTEER APPLICATION

PRINT or TYPE ALL INFORMATION

RETURN APPLICATION TO:

MONTEREY COUNTY SHERIFF'S OFFICE
PROFESSIONAL STANDARDS DIVISION
1414 NATIVIDAD ROAD
SALINAS, CA 93906

OR

Email: 230-Volunteer@co.monterey.ca.us

CHOOSE ONLY ONE PROGRAM

- | | |
|---|---|
| <input type="checkbox"/> SHERIFF'S EMERGENCY ASSISTANCE TEAM (SEAT) | <input type="checkbox"/> ALCOHOLICS ANONYMOUS |
| <input type="checkbox"/> SEARCH AND RESCUE (SAR) | <input type="checkbox"/> NARCOTICS ANONYMOUS |
| <input type="checkbox"/> EXPLORER SCOUT | <input type="checkbox"/> JAIL MINISTRY |
| <input type="checkbox"/> AERO SQUADRON | <input type="checkbox"/> EDUCATION: _____
<small>SPECIFY PROGRAM/GROUP</small> |
| <input type="checkbox"/> MOUNTED UNIT | <input type="checkbox"/> OTHER: _____
<small>SPECIFY PROGRAM/GROUP</small> |

NAME _____ DOB _____
LAST FIRST

MAILING ADDRESS _____
STREET CITY STATE ZIP

E-MAIL ADDRESS _____

CELL PHONE _____ HOME PHONE _____

DRIVER'S LICENSE # _____ STATE _____

HAVE YOU EVER APPLIED TO THIS DEPARTMENT FOR A POSITION BEFORE? YES NO

IF YES, WHAT POSITION? _____ WHAT YEAR? _____

HAVE YOU EVER BEEN? ARRESTED CONVICTED OF A FELONY CONVICTED OF A MISDEMEANOR

CHECK COMPLETION OF THE FOLLOWING: HIGH SCHOOL DIPLOMA GED CERTIFICATE

I HEREBY AUTHORIZE THE MONTEREY COUNTY SHERIFF'S OFFICE TO CONDUCT A BACKGROUND INVESTIGATION CONCERNING MY WORK REPUTATION, MEDICAL, PHYSICAL, AND CRIMINAL RECORDS, INCLUDING INFORMATION OF A CONFIDENTIAL OR PRIVILEGED NATURE.

SIGNATURE _____ DATE _____

PLEASE LIST THREE REFERENCES

FULL NAME _____ RELATIONSHIP _____
ADDRESS _____ PHONE _____
STREET CITY STATE ZIP
E-MAIL ADDRESS _____

FULL NAME _____ RELATIONSHIP _____
ADDRESS _____ PHONE _____
STREET CITY STATE ZIP
E-MAIL ADDRESS _____

FULL NAME _____ RELATIONSHIP _____
ADDRESS _____ PHONE _____
STREET CITY STATE ZIP
E-MAIL ADDRESS _____

PRIOR VOLUNTEER EXPERIENCE

ORGANIZATION _____ FROM YEAR: _____ TO YEAR: _____
ADDRESS _____
STREET CITY STATE ZIP
SUPERVISOR _____ PHONE _____

ORGANIZATION _____ FROM YEAR: _____ TO YEAR: _____
ADDRESS _____
STREET CITY STATE ZIP
SUPERVISOR _____ PHONE _____

ORGANIZATION _____ FROM YEAR: _____ TO YEAR: _____
ADDRESS _____
STREET CITY STATE ZIP
SUPERVISOR _____ PHONE _____

MILITARY SERVICE

BRANCH _____ FROM YEAR: _____ TO YEAR: _____
RANK AT DISCHARGE _____ TYPE OF DISCHARGE _____

BACKGROUND

1. HAVE YOU EVER BEEN ARRESTED? NO YES - EXPLAIN Continued on separate page.

2. HAS ANYONE YOU CURRENTLY LIVE WITH OR LIVED WITH IN THE LAST 5 YEARS BEEN ARRESTED OR CURRENTLY SERVING TIME IN JAIL? NO YES – EXPLAIN Continued on separate page.

3. HAVE YOU EVER USED DRUGS? NO YES – EXPLAIN Continued on separate page.

4. ARE YOU OR ANY FAMILY MEMBER RELATED TO OR AFFILIATED WITH GANG MEMBER(S)? NO YES – EXPLAIN

SKILLS / LICENSES AND CERTIFICATIONS

PLEASE LIST ALL SKILLS/LICENSES AND CERTIFICATION PERTINENT TO THE POSITION

ADDITIONAL INFORMATION (OPTIONAL)

IS THERE ANY ADDITIONAL INFORMATION YOU WOULD LIKE TAKEN INTO CONSIDERATION FOR THE POSITION?

BACKGROUND INVESTIGATOR CHECK LIST

NAME _____ DOB _____
LAST FIRST

MAILING ADDRESS _____
STREET CITY STATE ZIP

E-MAIL ADDRESS _____

CELL PHONE _____ HOME PHONE _____

DRIVER'S LICENSE # _____ STATE _____

OFFICIAL USE ONLY

ACCEPTED REJECTED REASON: _____

APPLICATION DATE: _____ HIRE DATE: _____

INTERVIEW NOTES:

PHOTOGRAPH

<u>DATE:</u>	<u>INITIALS:</u>	
_____	_____	INTERVIEW NEW APPLICANT
_____	_____	RECRUITMENT PACKET – APPLICATION FORM – AUTHORIZATION FORMS
_____	_____	OPEN PERSONNEL FILE (PHOTO TAKEN)
_____	_____	PRINTS (LIVE SCAN)
_____	_____	RECORD CHECK (OUTSIDE AGENCY, MCSO RECORDS)
_____	_____	ORIENTATION PACKET, TOUR, MEDICAL FORM, VOLUNTEER RULES
_____	_____	VOLUNTEER JOB INTEREST FORM
_____	_____	I.D. BADGE (PERMANENT) VOLUNTEER # _____ DATE: _____

ALL VOLUNTEER PERSONNEL FILES MUST CONTAIN

<u>CHECK OFF:</u>			
_____	MODIFIED PHS	_____	AUTHORIZATION TO RELEASE INFORMATION
_____	COPY OF DRIVER'S LICENSE	_____	CRIMINAL HISTORY CHECK (SO, SPD, MRY PD)
_____	COPY OF SOCIAL SECURITY CARD	_____	DRUG USE QUESTIONNAIRE
_____	LIVESCAN FINGERPRINTS	_____	TELEMATE
_____	NO HOSTAGE POLICY		
_____	PHOTOGRAPH		
_____	INFORMED CONSENT / HOLD HARMLESS		

INTERVIEW OF VOLUNTEER APPLICANT

INTERVIEWING PERSONNEL:

Coordinator: _____ Unit Member: _____

Interview topics:

- Attendance Requirements
- Purchase of Uniforms and Equipment
- Department Standards (Criminal History, Drug Use, Grooming, Tattoos, Conduct, etc.)
- Program Standards (Training, Certification(s), etc.)
- Division/Unit Specific Standards, Requirements, and Questions

INTERVIEWER COMMENTS:

VOLUNTEER UNIT RECOMMENDATION

Continue with Processing
Place this form into completed application packet

Disqualify
Coordinator letter to applicant
Forward this completed form to Professional Standards Unit

DIVISION COMMANDER REVIEW

Accept for Additional Processing Disqualify (Explain)

Division Commander Name: _____

Signature: _____ Date: _____

VOLUNTEER RULES / CONTRACT

PUBLIC CONTACT

As a civilian volunteer, you represent the Monterey County Sheriff's Office, and shall conduct all contact with the public in a highly professional manner. Civilian volunteers shall not make statements to the press or media. Refer all questions to your supervisor.

CONFIDENTIAL INFORMATION

You may be exposed to sensitive information during your assignments as a civilian volunteer. Remember, official business of the Monterey County Sheriff's Office is confidential. Members shall discuss or give official information only to whom information is intended, as directed by superiors, or as required by law. The persons for whom the content of any criminal record filed in the Department shall be shown or divulged only to authorized personnel. As a civilian volunteer you may not use the computer system without written authorization of the Unit Commander.

USE OF CRIMINAL JUSTICE INFORMATION

"No employee shall divulge confidential information, data or records of the Department of Justice to any person to who issuance of such data, information or records has not been authorized." Such a misuse is a misdemeanor under California Law. Any volunteer responsible for such misuse is subject to immediate dismissal and possible legal action.

OFF DUTY ENCOUNTERS

Deputies and volunteers occasionally work on surveillance or other covert assignments. They may be assigned on a regular basis or used for short term assignments. If you see a deputy or volunteer, other than at your workplace wearing civilian clothing, do not acknowledge their presence until they acknowledge you, as they may desire not to have their identity or law enforcement occupation known to others.

FRATERNIZATION WITH INMATES

Be aware that members of this Department are prohibited from fraternizing with, engaging in the services of, accepting services from or performing favors for any persons in the custody or recently released from the custody of the Department. Any member contacted by, or on behalf of, a recently discharged prisoner shall immediately report such contact to his/her immediate supervisor.

PERSONNEL AND EQUIPMENT SAFETY POLICY

The Sheriff's Department regards the personnel of this Department as its most valuable asset. It is the policy of this Department to conduct all operations with the utmost concern for its personnel, equipment, vehicles, and facilities. The reduction of losses due to injuries to Departmental employees and damage to county property is an essential part of an efficient operation. Therefore, the practice of safety and the prevention of accidents shall be the responsibility of all members.

MEDICAL COVERAGE

Volunteers must be in reasonably good health. Should your health status change, it is imperative that the volunteer coordinator be informed of such change in a timely manner. Should you become ill or injured, and off work for any length of time, a medical "return to work" release may be required.

ACCEPTANCE AND TERMINATION FROM THE PROGRAM

Volunteers may be accepted to the Sheriff's Volunteer program without reference to a Civil Service eligibility list and terminated without benefit of a hearing or other formality. The program offers no monetary or other form of compensation.

I HAVE READ, UNDERSTAND, AND ACCEPT THE TERMS OF THIS AGREEMENT

Volunteer Applicant's Printed Name: _____
LAST FIRST MIDDLE

Volunteer Applicant's Signature: _____ Date: _____

Authorized Sheriff's Representative: _____ Date: _____