





LOS ANGELES COUNTY SHERIFF'S DEPARTMENT
CIVILIAN VOLUNTEER APPLICATION



Applicant Information:

Name:

(Last)

(First)

(Middle)

Current Address:

City:

State:

Zip:

Date of Birth:

Social Sec #:

Citizenship:

Home Phone:

Cell Phone:

Work Phone:

Drivers License #

License Exp Date:

State:

Email Address:

Secondary Email Address:

Employment Information

Current employer:

Employer address:

How long?

Phone:

E-mail:

Position:

City:

State:

ZIP Code:

Emergency Contact

Name of a person not residing with you:

Address:

City:

State & Zip:

Phone:

Phone:

Relationship:

Have you ever applied for any position in Law Enforcement prior to this application? Yes____ / No____

If so, Where? _____

Have you ever been in trouble with law enforcement? Yes____ / No____ If so, please discuss:

Have you ever been convicted of a misdemeanor or felony? Yes____ / No____ If so, please discuss:

Any false statement, either verbal or written, may cause the applicant's name to be removed from the eligible list or be cause for immediate dismissal if an appointment is/was made.

**I hereby authorize the Los Angeles County Sheriff's Department
to initiate a background check prior to my acceptance as a civilian volunteer.**

Signature:_____

Date:_____

Witness (Title)_____

Date:_____



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REFERENCES

Please list three references.

Full Name:

Relationship:

Address:

Phone: ()

Full Name:

Relationship:

Address:

Phone: ()

Full Name:

Relationship:

Address:

Phone: ()

Military Service

Branch:

From :

Year

To :

Year

Rank at Discharge:

Type of Discharge:

BACKGROUND

Have you ever been arrested? (No)____ (Yes- Explain)____

Has anyone you currently live with or lived with in last 5 years been arrested or currently serving time in jail? (No)____ (Yes- Explain)____

Have you ever used drugs? (No)____ (Yes- Explain)____

Are you or any family member related to or affiliated with gang members? (No)____ (Yes- Explain)____

SKILLS AND HOBBIES:



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NARVATIVE- WHY I WANT TO BE A VOLUNTEER WITH THE SHERIFF'S DEPARTMENT

******* OPTIONAL ***** MEDICAL INFORMATION ***** OPTIONAL *******

YOUR DOCTOR _____ PHONE _____

BLOOD TYPE _____ Do You Have A Medical I.D. Bracelet or Dog Tags? _____

DO YOU HAVE HEART TROUBLE? _____ IF YES, EXPLAIN _____

DO YOU HAVE HIGH BLOOD PRESSURE? _____

ARE YOU A DIABETIC? _____

PRESENT AILMENTS _____

PREVIOUS SURGERIES/DATES _____

ARE YOU ON MEDICATION NOW _____ IF SO, WHAT FOR _____

IS THIS BY ORDER OF A DOCTOR? _____

DO YOU HAVE A MEDICAL PROBLEM WE SHOULD BE AWARE OF WHILE YOU ARE WORKING IN THE STATION THAT YOU HAVE NOT STATED ABOVE?

INSURANCE COMPANY _____ PHONE _____

GROUP # _____

HOSPITAL PREFERENCE _____

ADDRESS _____ CITY _____ ZIP _____



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Los Angeles County Sheriff's Department Volunteer Program Coordinator Manual

ORIENTATION Sec. 8 Pages 38– 42

VOLUNTEER RULES/ CONTRACT

APPLICATION

Each civilian volunteer must complete an application package and return it to the Station/Unit Volunteer Coordinator. The application process shall include a personal interview and a background investigation consisting of a check of your driving record, arrest history, and finger print records.

HOURS

The hours of assigned duty shall be assigned by the Volunteer Coordinator or the assigned supervisor. You should not be in a Station or Sheriff 's facility unless on regularly scheduled duty assignment or official business. If unable to report for your assigned duty, notify the Volunteer Coordinator or your assigned supervisor as soon as possible.

Each volunteer is required to maintain a minimum of 16 hours per month. The procedure for reporting your hours shall be explained by the Volunteer Coordinator.

IDENTIFICATION CARD

You will be issued a laminated identification card which shall be worn at all times while on duty in a Sheriff's facility. Use of the ID card as a means of identification for other than official use, will be cause for termination from the program.

At no time shall a volunteer state or imply that he or she is a sworn deputy.

All identification cards and patches are the property of the Los Angeles County Sheriff's Department and must be returned by the volunteer upon termination or resignation.

DRESS CODE AND PERSONAL APPEARANCE

Volunteers shall dress in the appropriate attire as indicated by their assignment. For example a job assignment of a station volunteer would require proper conservative clothing and a Volunteer on Patrol assignment requires a specific uniform which must be provided at your own cost.

REPORTING AND SUPERVISION

As a civilian volunteer you report directly to the Volunteer Coordinator. Your assignment may also place you under the direction of a Deputy Sheriff or other station supervisors. Any situation that you feel needs to be reported, whether positive or negative comment, shall be reported through the volunteer's chain of command.

TELEPHONES

Telephone calls are restricted to the Sheriff's facility business only. Calls to other area codes are to be referred to the supervisor. Proper telephone courtesy and etiquette shall be observed at all times. If you are asked a question and don't know the answer, **DO NOT GUESS**. Ask for the caller's name and telephone number and advise them that they can expect a call back with an answer as soon as possible.

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PUBLIC CONTACT

As a civilian volunteer, you represent the Los Angeles County Sheriff's Department, 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 this Department 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 people. As a civilian volunteer you may not use the computer system without the 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 whom issuance of such data, information or records has not been authorized." Such 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.

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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.

If you are injured during the course of your volunteer assignment, you shall immediately advise a supervisor. Your medical care will be covered using your own medical insurance coverage. The County of Los Angeles may reimburse you up to \$10, 000 for costs not covered by your medical insurance policy.

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 the 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 :

Date: ____ / ____ / ____

***** SHERIFF PERSONNEL ONLY *****

AUTHORIZED SHERIFF'S REPRESENTATIVE:

(Last)

(First)

(Title)

Date: ____ / ____ / ____



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Volunteer Programs Interest Information Sheet

VOLUNTEER NAME: _____ **DATE:** _____

DAYS AND TIMES AVAILABLE TO VOLUNTEER ?

DAY OF WEEK:	MON	TUE	WED	THUR	FRI	SAT	SUN
TIME AVAILABLE :							

_____ **Kid Prints:**

Finger printing kids at community events.

_____ **Concerts in the Park:**

Assist event staff with traffic control and handicapped parking.

_____ **CERT: Community Emergency Response Team:**

40 hour training to be prepared during a natural disaster.

Assist Sheriff's Department during a disaster with search and rescue.

_____ **DUI Check Points:**

Assist Sheriff personnel with traffic control for drunk driving check points.

_____ **Neighborhood Watch:**

Assist in management and establishing new neighborhood watch in the community.

_____ **911 for Kids:**

Teaching kids at local schools about the uses of 911 emergency.

_____ **Station Front Desk Operations:**

Assist desk personal with greeting and handling public at station counter.

_____ **Volunteer Office and Crime Prevention Office:**

Assist Crime Prevention personnel with front counter and various daily jobs.

_____ **Traffic Office:**

Assist traffic office with filing tickets and other assigned tasks.

_____ **Volunteers on Patrol:**

Patrol the community, assist deputies with traffic control, translation, and vacation checks at residences.

_____ **Loving Arms:**

Taking care of children that are taken into protective custody, until they are picked up.

_____ **Assist with Fleet:**

Assist personnel with station fleet as needed.

_____ **Pawn Slip Detail:**

Enter merchandise slips from pawn dealers into our pawn system.

_____ **Detective Report Follow Program**

Assist station detectives in calling victims of crimes to see if there is any further information.

_____ **Vacation Check Call Backs:**

Calling back citizens after they return from vacation to let them know we checked their house.

_____ **Elderly Shut in Program:**

Calling people that are unable to leave thier house to ensure their well-being

_____ **Laundry Run to Wayside:**



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State of California

Department of Justice

REQUEST FOR LIVE SCAN SERVICE

BCII 8016 (3/07)

Applicant Submission

ORI: **CA0190094** Type of Application: **VOLUNTEER—**
Code assigned by DOJ
Job Title or Type of License, Certification or Permit: **VOLUNTEER—**

Agency Address Set Contributing Agency:

CASOLA— VOLUNTEER PROGRAM **12491**
Agency authorized to receive criminal history information Mail Code (five-digit code assigned by DOJ)
4700 RAMONA BOULEVARD, ROOM 155 **SANDRA SOLIS**
Street No. Street or PO Box Contact Name (Mandatory for all school submissions)
MONTEREY PARK, CA 91754 **(323) 526-5015**
City State Zip Code Contact Telephone No.

ENTER YOUR STATION OR
FACILITY AFTER VOLUNTEER

Name of Applicant: (Please print) Last First MI
Alias: Last First Driver's License No:
Date of Birth: Sex: ☐ Male ☐ Female Misc. No. BIL - Agency Billing Number
Height: Weight: Misc. Number: **144751**
Home Address:
Eye Color: Hair Color: Street No. Street or PO Box
Place of Birth: City, State and Zip Code
Social Security Number:

FILL OUT THIS
SECTION ONLY

FILL OUT THIS
SECTION ONLY

Your Number: **N/A** OCA No. (Agency Identifying No.)
Level of Service: ☒ DOJ **ONLY**
If resubmission, list Original ATI Number: **N/A**

Employer: (Additional response for agencies specified by statute)

N/A
Employer Name
N/A **N/A**
Street No. Street or PO Box Mail Code (five digit code assigned by DOJ)
N/A **N/A**
City State Zip Code Agency Telephone No. (optional)

Live Scan Transaction Completed By: Name of Operator Date
LASD
Transmitting Agency ATI No. Amount Collected/Billed

ENTER YOUR STATION OR
FACILITY AFTER LASD

ORIGINAL – Live Scan Operator; SECOND COPY – Applicant; THIRD COPY (if needed) – Requesting Agency



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POLICY OF EQUALITY
ACKNOWLEDGMENT OF RECEIPT

Department Member: _____ / Volunteer Number _____

I hereby acknowledge receiving a copy of the Los Angeles Sheriff's Department's ("LASD") Policy of Equality and Procedures (with a copy of the Department of Fair Employment and Housing flier, "Sexual Harassment: The Facts about Sexual Harassment" Attached thereto) (the "Policy"). I recognize LASD's Commitment to providing a work environment that is free from discrimination, harassment, and retaliation.

Furthermore, I acknowledge that:

I have been trained on Policy _____ initial here if you are a new hire and have not yet received training on the Policy);

I understand that I am fully responsible for reading and understanding the Policy;

I understand that I may be disciplined for conduct in violation of the Policy;

I understand that, if I am a supervisor or manager, I have additional duties including an affirmative duty to report potential violations of the Policy.

Date: _____

Signature: _____

Printed Name: _____