Shasta County
Office of the Sheriff

Citizen Volunteer Program

Initial Application

Tom Bosenko, Sheriff-Coroner

Sheila Ashmun, Undersheriff

PLEASE ANSWER ALL QUESTIONS AND SIGN ALL DOCUMENTS
INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED
Please Print

1.

Date_____

Applicants Name_____
Last First Middle

AKA's_____
(Other names you may have used or been known by)

Home Address_____
Number and Street

_____
City State Zip

Mailing Address_____

Phone_____Message Phone_____

Driver's License Number _____Exp. Date_____

Social Security Number _____ - _____- _____(According to the Federal Privacy Act 1974 disclosure of your SSN is voluntary. Your SSN will be used only to verify records)

(For Sheriff's Office Use Only)

☐ Application and background have been reviewed and approved.

☐ Application and background have been reviewed and rejected.

Signed by Captain: _____Date:_____

Unit Assigned: _____

Identification Number Assigned _____Date of original assignment_____

2. Do you hold certificates of professional or vocational competence, licenses or training courses completed? Please List.

3. Please list your skills.

4. Please list five (5) personal dereferences who have known you for five (5) years or more

Name_____Phone_____

Address_____

Name_____Phone_____

Address_____

Name_____Phone_____

Address_____

Name_____Phone_____

Address_____

Name_____Phone_____

Address_____

5. Your involvement in criminal proceedings may have a direct bearing on your legal ability to hold this position. Some arrest or even convictions may not automatically disqualify you from further consideration for this position. All non-peace officer applicants for a position with a criminal justice agency are subject to inquiry/disclosure of all detention and arrest with or without conviction. You must disclose a felony conviction even if that conviction was expunged, sealed, set aside or removed from court records.

6. Have you ever been arrested, summoned, detained for investigation or suspicion, or had a complaint filed against you as an adult, arrested for alcohol related offenses, other than traffic violations?

Yes ☐ No ☐ If yes give the approximate date, name of arresting agency, charges, and disposition.

7. Have you ever been placed on court probation as an adult? Yes ☐ No ☐ If yes give details.

8. Operation of a motor vehicle may be necessary in the course of your assignment with the department. An investigation of your driving history will be made through records check. To expedite this process please supply the following:
List all traffic violations (except parking citations) you have received within the past seven (7) years.
Check if no citations ☐

9. Have you ever applied for a permit to carry a concealed weapon? Yes ☐ No ☐

Agency issuing the permit_____

Date permit expires_____

Purpose_____

I hereby certify that all statements and representations made by me in this form and any attachment are true and correct to the best of my knowledge. I have personally completed this form, and I understand and that deliberate errors, falsifications, misstatements, or withholding or failure to answer all questions will cause my application to be rejected.

Applicant's Signature_____Date_____

Please print your name_____

Shasta County
Office of the Sheriff

Tom Bosenko
SHERIFF-CORNER

VOLUNTEER RELEASE

As an applicant for the position of _____with the Shasta County Sheriff's Office, I am required to furnish information for use in determining my qualifications. In this connection, I authorize release of any and all information that you may have concerning me, including but not limited to, information of a confidential or privileged nature, or any data or materials which have been sealed or agreed to be withheld pursuant to any prior agreements or court proceedings involving disciplinary matters.

I understand I will not receive and am not entitled to know the content of confidential reports received, and further understand that these reports are privileged.

This release will expire (60) sixty days after date signed.

I hereby release, discharge, exonerate the_____, their agents and representatives and any person furnishing information from any and all liability of every nature and kind arising
Out of the furnishing and inspection of such documents, records and other information, and this release shall be binding on my legal representative, heirs, and assigns.

A photo copy of this release is to be considered as valid as an original,.

Name_____

Signature_____Date_____

Shasta County
Office of the Sheriff

Tom Bosenko
SHERIFF-CORONER

SECURITY REQUIREMENT OF CRIMINAL JUSTICE INFORMATION

As a volunteer worker for the Shasta County Sheriff's Office, you may have access to confidential information regarding individuals. Misuse of such information adversely affects the civil rights of the person concerned and violates the California Penal Code.

Section 11142: (Furnishing by any authorized person to unauthorized person as misdemeanor); "Any person authorized by law to receive a record or information obtained from a record who knowingly furnishes the record or information to a person who is not authorized by law to receive the record or information is guilty of a misdemeanor."

Section 13302: (Unauthorized release of information by employee); "Any employee of the local criminal justice agency who knowingly furnishes a record or information obtained from a record to a person who is not authorized by law to receive the record or information is guilty of a misdemeanor. "

No volunteer worker shall divulge confidential information, data, or records of the Shasta County Sheriffs Office to any person to whom issuance of such data, information or records has not been authorized. Violators *will* be prosecuted and may, additionally, be subject to civil legal action by the person who has this right to privacy violated.

I have read the above paragraphs and understand the requirements for confidentiality. I will not misuse criminal record information that I am privileged to as a volunteer worker for the Shasta County Sheriffs Office. I understand that a violation constitutes a misdemeanor and I will be prosecuted for a knowing violation.

Print Name: _____

Signature:_____

Date: _____

Shasta County
Office of the Sheriff

RIDE-ALONG PROGRAM

Tom Bosenko
SHERIFF-CORNER

Waiver-background investigation

Having made application to be a participant in the Shasta County Sheriff's Ride-Along Program, and for Officer safety consideration, I desire the Shasta County Sheriff's Office to be informed as to my previous record and character in determining my qualifications and suitability. For this specific purpose, I authorize the release and full disclosure of any and all information that you may have concerning me, including information of a confidential or privileged nature to a duly authorized agent of the Shasta County Sheriff's Office.

Examples of the type of information I am requesting that you provide are as follows:

> ***Criminal justice records of arrest, detention, field citations, field interviews, officers' personal notebook notations, jail and custody information, booking information, traffic citations and traffic accident information, District Attorney records, court records and reports, probation and parole reports and records, laboratory reports and results, and any other criminal justice records, reports or information sources, including psychological evaluations.***

I authorize the Sheriff's Office to read, review, or photocopy and document that will allow them to assess my suitability to participate in the Shasta County Sheriff's Office Ride-Along Program. This waiver is valid for a period of eighteen (18) months from the date of my signature. A photocopy of this weaver is to be considered as valid as an original waiver even though it does not contain an original of my signature. I hereby release you, your organization and all others from liability and damages which may result from furnishing the information requested.

_____ _____

(Print Name) (Signature)

Date:_____

Shasta County
Office of the Sheriff

Tom Bosenko
SHERIFF-CORONER

WAIVER OF LIABILITY

I, _____, the undersigned, do hereby hold the County of Shasta and the Shasta County Sheriff's Office and its agents and employees harmless from liability resulting out of my participation in what is known as the Shasta County Sheriff's Office Ride-Along Program. And I do further wave any and all claims against the County of Shasta and the Sheriff's Office which I have now or may have in the future arising out of my personal participation in said program, and any future covenant not to sue the County of Shasta and the Sheriff's Office for damages resulting from my participation in said program, either in the past of future, whereas the undersigned acknowledges that the work and activities of said law enforcement agency are inherently dangerous, involving risk of injury and damage to person and property. The undersigned also acknowledges that he/she took the initiative in participating in the above activity.

Signed:_____Date:_____

Address_____City_____

State:_____Zip:_____

Phone:_____

Driver's License Number and Expiration Date:_____

Prior Participation YES ( ) NO ( )

_____

Preferred Date and Time For Ride-Along:_____

_____

OFFICER SAFETY

(Sheriff's Office Use Only)

RECORDS/BACKGROUND CHECK FOR OFFICER SAFETY

Checked by LPC# _____Date:_____

RPD Records ( ) RPD Warrants ( )

APD Records ( ) APD Warrants ( )

SCSO Records ( ) SCSO Warrants ( )

L1 ( ) WPS ( ) CII Rap Sheet ( )

Officer Safety Comments:

_____

_____

_____

_____

_____

_____

_____

_____

_____

Shasta County
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Citizen Volunteer Program

(Sheriff's Office Use Only)

This Applicant has been interviewed by:

_____and_____

(Name and Title) (Name and Title)

As a result of the interview a recommendation has been made to:

☐ Approve the application for processing

☐ Reject the application

Signature_____Date_____

Signature _____Date_____

Reason for recommending rejection of application

Revised 12/05/2010