

SACRAMENTO COUNTY SHERIFF'S DEPARTMENT

SCOTT R. JONES

Sheriff



Volunteer Packet

VIPS (Volunteers In Partnership with the Sheriff)

DART (Drowning Accident Rescue Team)

SAR (Search And Rescue)

SHARP (Sheriff's Amateur Ham Radio Program)

Sacramento Sheriff's Department
Volunteer Services Coordinator
711 G Street
Sacramento, CA 95814

Phone: (916) 874-7339

Fax: (916) 874-9926

www.sacsheriff.com

Dear Applicant

Thank you for your interest in supporting the community through volunteering with the Sacramento County Sheriff's Department. We look forward to working with you.

Please fill out this application as completely and correctly as you can. By doing so, you will assist us in matching your skills and interests with the volunteer needs within Sacramento County Sheriff's Department.

For Security reasons, we must conduct a background check before you can be offered a volunteer assignment. All information will be treated as confidential. Deliberate misinformation will be grounds for dismissal from the volunteer program. Please answer all questions. Use additional paper, if necessary. The requirements for becoming a volunteer with the Sacramento County Sheriff's Department include:

- Must be at least 18 years of age
- Possess a clear criminal history
- Complete the department orientation and all required training
- Have a valid California driver's license or I.D. card
- Pass a required background investigation
- Ability to work 16 hours a month (Preferably volunteering 1-2 days a week with a 4-6 hour commitment each volunteer day)
- Have a good moral character and reputation
- Must be able to demonstrate good judgment
- Have the desire to help your community

Please view and complete the volunteer application. Please submit a copy of your driver's license, Social Security Card, birth certificate and proof of auto insurance with your completed application and mail or deliver to:

**Sacramento Sheriff's Department
Volunteer Coordinator
711 G Street
Sacramento, CA 95814**

You may also fax your completed application to: (916) 874-9926
Or email it to: volunteers@sacsheriff.com

If you have any questions or concerns, please contact the Volunteer Coordinator at (916) 874-7339

Once again, thank you for your interest in giving to your community by volunteering with the Sacramento County Sheriff's Department.



SACRAMENTO COUNTY SHERIFF'S DEPARTMENT VOLUNTEER APPLICATION INSTRUCTIONS

Step 1. Application

Complete application and Volunteer Agreement form and attach copies of the following:

- Driver's License
- Birth Certificate and/or Valid Passport
- Proof of Auto Insurance

Return completed application along with the above supporting documents to:

**Sacramento Sheriff's Department
Volunteer Coordinator
711 G Street
Sacramento, CA 95814**

You may also fax your completed application to: (916) 874-9926

Or email it to: volunteers@sacsheriff.com

Step 2. Application Review

The Volunteer Coordinator will review your application. All areas must be completed or have a N/A placed for Not Applicable information in order to be processed.

Step 3. Background Checks

This process includes fingerprinting, a review of the applicant's criminal history, a clearance for warrants, and driving record checks. Previous employers as well as, the three (3) personal references listed by the applicant will be contacted to determine the applicant's suitability to become a member of the Sacramento County Sheriff's Department's VIPS Program. Three reference forms will be mailed to the individuals you have provided on the application. Failure to provide complete address information will result in the application being denied. The Volunteer Coordinator must receive completed reference questionnaires within thirty (30) days of original mailing date. All information will be treated as confidential. Deliberate misinformation will be grounds for dismissal from the volunteer program. Please answer all questions. Use additional paper, if necessary.

Step 4 Interviews and Fingerprinting

Upon receipt of three completed and positive character reference forms, applicant will be contacted by Volunteer Coordinator to establish a time for an interview with the coordinator and fingerprinting with records.

Step 5 Acceptance or Non-Acceptance

All applicants will be notified by mail of their acceptance or non-acceptance to the program

**SACRAMENTO COUNTY SHERIFF'S DEPARTMENT
VOLUNTEER APPLICATION**

Please answer the following questions fully and print legibly using additional pages if necessary.

Applicant Information

Position Applying for:

Last Name:		First Name:		MI.	DOB:	
Other Names used:		Social Security #		Driver License #		License State
Current Address Street & Apt:				City		Zip
Mailing Address (If different from above): Street & Apt.				City		Zip
Phone (Day): (Evening):		Email:		US Citizen: If No, Indicate Citizenship: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Place of Birth: City				State:		Marital Status:
Sex: M <input type="checkbox"/> F <input type="checkbox"/>	Race:	height:	Weight:	Eye Color:		Hair Color:

Education

High School:		City			State	
Graduate: Yes <input type="checkbox"/> No <input type="checkbox"/>	Year Grad:	GED: Yes <input type="checkbox"/> No <input type="checkbox"/>		Year Received:		
College:		City		State	Major:	
Graduate: Yes <input type="checkbox"/> No <input type="checkbox"/>	From	To	Year Graduated:		Degree:	
Other:		City :		State:	Major:	
Graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	From	To	Year Graduated:		Degree :	

Employment

Company (Most Recent)				
Address		City		State
From:	To:	Supervisor: Phone ()		
Any Gang Affiliations (Self, relatives, and/or Co-habitants)? Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes", please explain:				
Have you ever been terminated or forced to resign from any employment? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, explain. If necessary, please use a separate piece of paper:				
Do you have a handgun permit? Yes <input type="checkbox"/> No <input type="checkbox"/>		Permit #	Permit Issue State:	
Have you ever been arrested? Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes", explain. If necessary, please use a separate piece of paper:				
Convicted by any court of an offense? Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes", explain. If necessary, please use a separate piece of paper:				
How many traffic tickets have you had in the past year? Specify types of violations. If necessary, please use a separate piece of paper:				
Do you have transportation? Yes <input type="checkbox"/> No <input type="checkbox"/> If "No", please explain:				
Signature				Date:

SACRAMENTO COUNTY SHERIFF'S DEPARTMENT VOLUNTEER APPLICATION

Please answer the following questions fully and print legibly using additional pages if necessary.

Applicant Information				
Last Name	First Name	MI.	Sex: M F	DOB:
Email:		Phone (Day):		Phone (Evening):
Current Address: Street & Apt.		City		Zip
Mailing Address (If different from above): Street & Apt.		City		Zip
Do you have any physical conditions, which would prevent you from performing the specific duties of the job?		If yes, please explain		
Other than "giving back to your community" why are you interested in Volunteering with Sacramento County Sheriff's Department?				
Please tell us about your job experience and skills?				
What duties would you like to do?				
What location, division or service center would you like to volunteer?				
How long of a commitment are you willing to give our Volunteer Program?				
Have you done volunteer work for any other organization or community? If so, please describe.				
Please List Three Persons Acquainted With Your Capabilities – Do Not List Relatives				
#1 Name:		Complete Address:		
Email:			Telephone Number with Area Code:	
#2 Name:		Complete Address:		
Email:			Telephone Number with Area Code:	
#3 Name:		Complete Address:		
Email:			Telephone Number with Area Code:	
Availability				
What days and hours are you available?				
Please Indicate The Day(s) And Time Of Day You Are Available:				
Monday_____ Tuesday_____ Wednesday_____ Thursday_____				
Friday_____ Saturday_____ Sunday_____				
Disclaimer and Signature				
I hereby certify, under penalty of perjury, that all statements made on this application are true and complete to the best of my knowledge. I understand that any false, incomplete or incorrect statements may result in my disqualification from the examination process or dismissal from volunteer employment with the Sacramento County Sheriff's Department. I certify that I consent to this background check.				
Signature:				Date:

Forward application to: Volunteer Coordinator, Sacramento County Sheriff's Department 711 G Street, Sacramento CA 95814

Please check the items with which you have had experience and would be interested in doing.



Volunteer Agreement

Welcome to the Sacramento County Sheriff's Department. We appreciate the giving of your time, talents and abilities to assist us with providing "Service with Concern" to the community. As a volunteer with the Sheriff's Department, you have an obligation to the public to demonstrate a high level of integrity and ethical standards in both your professional and personal conduct. We insist that you be ever mindful of the following:

Confidential Information: You may have access to confidentially sensitive information during your assignment as a volunteer. Divulging confidential information to persons outside this department is a criminal act and a violation of the law that may be prosecuted. Criminal records or other confidential information may be given only to those persons authorized to have it. When in doubt, you must consult with your supervisor.

Identification: You will be issued a photo identification card which must be worn at all times while in the building or on duty as a volunteer. This card may also serve as a proximity card allowing access to department facilities. The identification card is NOT to be used for any other purpose, such as outside identification. These items are the property of the Sacramento County Sheriff's Department and must be surrendered upon resignation or termination. If lost, please report it to your supervisor or the Volunteer Coordinator immediately.

Safety: The reduction of personal injury or equipment damage in the workplace is essential to an efficient operation. We ask that you be aware of safety issues at all times and report hazards to your supervisor. Report any injury to your supervisor immediately.

Time Records: The Sacramento County Sheriff's Department is required to record the number of hours worked by volunteers. Please notify your supervisor if you are unable to work your scheduled volunteer shift (hours) and provide advance notice of vacations and time off.

Commitment: We ask that every volunteer commit to at least one year of service consisting of a minimum of four hours per week. This commitment is essential to providing our staff with consistent, much needed support. If you are unable to fulfill your commitment, please notify your supervisor or the Volunteer Coordinator.

Appearance: As representatives of the Sheriff's Department, volunteers are expected to dress in good taste and exhibit a neat, clean, and business-like appearance. Your overall appearance shall not be "flashy" or distracting; hairstyles and cosmetics shall be conservative rather than extreme. Although written specifications cannot address all possible situations, volunteers are not allowed to wear any item of apparel or display jewelry, body piercings, or tattoos which may be subject to ridicule or discredit.

I, _____, have read and understand all the conditions of this agreement.

Signature of Volunteer

Date

Signature of Volunteer Coordinator

Date