# SACRAMENTO COUNTY SHERIFF'S OFFICE JIM COOPER Sheriff



# **Volunteer Packet**

VIPS (Volunteers In Partnership with the Sheriff)
SAR (Search And Rescue)
SHARP (Sheriff's Amateur Ham Radio Program)

Sacramento Sheriff's Office Volunteer Services Coordinator 4500 Orange Grove Avenue Sacramento, CA 95841

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 Office. 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 Office.

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 Office 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, birth certificate or passport and proof of auto insurance with your completed application and mail or deliver to:

Sacramento Sheriff's Office Volunteer Coordinator 4500 Orange Grove Avenue Sacramento, CA 95841

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 Office.



#### 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 Office Volunteer Coordinator 4500 Orange Grove Avenue Sacramento, CA 95841

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 Office 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 OFFICE 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): Str   |                   | City            |                        |                  |      | Zip                          |               |  |
| Phone (Day): Er (Evening):   | mail:             |                 | US Citizen:<br>Yes□ No |                  |      | If No, Indicate Citizenship: |               |  |
| Place of Birth: City   |                   |                 | State:                 |                  |      | Marital Status:              |               |  |
| Sex: M $\square$ F $\square$ Race:   | heigh             | height: Weight: |                        | Eye Color:       |      | olor:                        | Hair Color:   |  |
| Education  |                   |                 |                        |                  |      |                              |               |  |
| High School:   |                   | City            |                        |                  |      | State                        |               |  |
| Graduate: Yes□ No□ Year Grad:  |                   | GED: Yes□ No    |                        |                  | Year | r Received:                  |               |  |
| College:   |                   | City            |                        | State            |      | Major:                       |               |  |
| Graduate: Yes□ No□ From  | То                | Year Gradu      | Graduated: Degree:     |                  |      |                              |               |  |
| Other:   |                   | City:           |                        | State: N         |      | Major:                       | Major:        |  |
| Graduate? Yes□ No□ From  | То                | Year Graduated: |                        | Degree :         |      |                              |               |  |
| Employment   |                   |                 |                        |                  |      |                              |               |  |
| Company (Most Recent)  |                   |                 |                        |                  |      |                              |               |  |
| Address  | City              |                 |                        |                  |      | State                        |               |  |
| From: To: Supervisor: Phone ( )  |                   |                 |                        |                  |      |                              |               |  |
| Any Gang Affiliations (Self, relatives, and/or Co-habitants)? Yes□ No□ If "Yes", please explain:   |                   |                 |                        |                  |      |                              |               |  |
| Have you ever been terminated or forced to resign from any employment? Yes □ No □  |                   |                 |                        |                  |      |                              |               |  |
| If Yes, explain. If necessary, please use a separate piece of paper:   |                   |                 |                        |                  |      |                              |               |  |
| Do you have a handgun permit? Yes□ No□ Permit #  |                   |                 |                        |                  |      | Permit I                     | ssue State:   |  |
| Have you ever been arrested? Yes□ No□ If "Yes", explain. If necessary, please use a separate piece of paper:                             |                   |                 |                        |                  |      |                              |               |  |
| Convicted by any court of an offense? Yes□ No□ 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□ No 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   | Fi              | rst Name MI. |                 |             | Sex: M F | DOB:             |               |
| Email:  | ,               |              | Phone (Day):    |             |          | Phone (Evening): |               |
| Current Address: Street & Apt.  |                 |              |                 | City        |          | 1                | 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.   |                 |              |                 |             |          |                  |               |
| <b>Please List Three Persons</b>  | Acquainted With | Your Cap     | pabilities – Do | Not List Re | elatives |                  |               |
| #1 Name:  | •               |              | te Address:     |             |          |                  |               |
| Email:  |                 |              |                 |             | Telepl   | hone Number wi   | th Area Code: |
| #2 Name:  |                 | Complet      | te Address:     |             |          |                  |               |
| Email:  |                 |              |                 |             | Telepl   | hone Number wi   | th Area Code: |
| #3 Name:  |                 | Complet      | te Address:     |             |          |                  |               |
| Email:  |                 | 1            |                 |             | Telepl   | hone Number wi   | th Area Code: |
| Availability What days and hours are  | you available?  |              |                 |             |          |                  |               |
| Please Indicate The Day(s) And  |                 | Are Availab  | ole:            |             |          |                  |               |
| Monday  | Tuesday         | ·            | Wednesday       |             | Thursda  | ny               |               |
| 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 Office. I certify that I consent to this background check. |                 |              |                 |             |          |                  |               |
| Signature:  |                 |              |                 |             |          | Date:            |               |
|   |                 |              |                 |             |          |                  |               |

| Please check the items with which you have had experience and would be interested in doing.  Also check those areas in which you would like to become involved.   |           |                     |  |  |
|---|-----------|---------------------|--|--|
| Volunteer Name:   | Telephone |                     |  |  |
| Number  | <u> </u>  |                     |  |  |
| Check if interested   | P         | Previous experience |  |  |
| Patrol  □ Abandoned vehicle tagging □ DUI checkpoints □ Re-stocking supplies □ Crime Prevention □ Community events □ Neighborhood Watch or Association Meetings □ Residential security checks □ Removal of illegal signs □ Funeral checks □ Elderly home watch  Investigations □ Crime Alert flier distribution □ Missing Person follow-up □ Property /Evidence | Yes No    | if yes, explain:    |  |  |
| □ Stolen Vehicle follow-up  Property/Evidence □ Evidence logging □ Property releases □ Inventory/data entry   | Yes□ No□  | if yes, explain:    |  |  |
| Support Services  Greeting citizens at front counter  Live scan fingerprinting  Crime analysis  Organizing filing  Quarterly VIPS newsletter  Mail  Data entry  Maintenance   | Yes No    | if yes, explain:    |  |  |
| Office Assistant  ☐General office work  ☐Ordering, stocking, organizing ☐Scanning and archiving ☐Fundraising, sales, marketing  | Yes No    | if yes, explain:    |  |  |

## **SACRAMENTO COUNTY**



### SHERIFF'S OFFICE

## **Volunteer Agreement**

Welcome to the Sacramento County Sheriff's Office. 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 Office, 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:

<u>Confidential Information:</u> 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.

<u>Identification:</u> 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 Office and <u>must be surrendered upon resignation or termination</u>. If lost, please report it to your supervisor or the Volunteer Coordinator immediately.

<u>Safety:</u> 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.

<u>Time Records:</u> The Sacramento County Sheriff's Office 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.

<u>Commitment:</u> 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.

<u>Appearance:</u> As representatives of the Sheriff's Office, 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 Coordinate | tor Date   |  |  |  |  |