



LOS ANGELES COUNTY SHERIFF'S DEPARTMENT
CIVILIAN VOLUNTEER APPLICATION



VOLUNTEER APPLICATION CHECK LIST

NAME: _____ ADDRESS: _____

PHONE HOME: _____ CDL: _____ EXP DATE: _____

CELL: _____ E-MAIL: _____

DATE OF BIRTH: ____/____/____ CITIZENSHIP: _____

-----OFFICE USE ONLY-----

ACCEPTED/REJECTED: _____ REASON: _____

APPLICATION DATE: _____ HIRE DATE: _____

INTERVIEW NOTES:

**VOLUNTEER
PICTURE**



DATE:

INITIALS:

INTERVIEW NEW APPLICANT

RECRUITMENT PACKET- APPLICATION FORM— AUTHORIZATION FORMS

OPEN PERSONNEL FILE (**PHOTO TAKEN**)

PRINTS (**Live Scan**)

RECORD CHECK (**DMV, WARRANT**)

ORIENTATION PACKET ,TOUR, MEDICAL FORM, VOLUNTEER RULES

VOLUNTEER JOB INTEREST FORM

I.D. BADGE - (TEMP) ISSUE

DATE _____ EXPIRES _____

(**6 MONTHS AFTER ISSUE**)

LEAD VOLUNTEER (**TRAINER ASSIGNED**)

NAME _____

I.D. BADGE (PERMANENT) VOLUNTEER NUMBER _____ DATE: _____

ALL VOLUNTEER PERSONAL JACKETS MUST CONTAIN

CHECK OFF:

DOCUMENT:

PHOTO

CDL CURRENT PRINTOUT—Copy Of Driver's License:

LIVESCAN FINGERPRINTS- BACK GROUND: **DATE SCANED** _____ **RETURNED** _____

CIVILIAN AUTHORIZATION FORM (COPY) ORIGINAL GOES TO SHERIFF'S HEADQUARTERS

COPY OF ISSUED VOLUNTEER I.D. CARD

VOLUNTEER MANUAL ACKNOWLEDGMENT FORM (VOLUNTEER PACKET)

SEXUAL HARRASMENT POLICY ACKNOWLEDGMENT FORM SIGNED

MEDICAL INFORMATION (OPTIONAL)



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Applicant Information:

Name:

(Last)

(First)

(Middle)

(FCC License)

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: _____



LOS ANGELES COUNTY SHERIFF'S DEPARTMENT



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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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VOLUNTEER RULES/ CONTRACT

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: ____ / ____ / ____



LOS ANGELES COUNTY SHERIFF'S DEPARTMENT
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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:**


REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: CA0190094 <small>Code assigned by DOJ</small>	Type of Application: VOLUNTEER— (CFMB/LACDCS)
Job Title or Type of License, Certification or Permit: VOLUNTEER— (CFMB/LACDCS)	

Agency Address Set Contributing Agency: CASOLA— VOLUNTEER PROGRAM		12491
Agency authorized to receive criminal history information 11515 Colima Rd Rm F-103		Mail Code (five digit code assigned by DOJ) Jeffrey Perry
Street No. Whittier, Ca 90604	Street or PO Box	Contact Name (Mandatory for all school submissions) (562) 347-1080
City	State	Zip Code
		Contact Telephone No.

Name of Applicant: <small>(Please print)</small>		
Last	First	MI
Alias: Last	First	Driver's License No.
Date of Birth:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Misc. No. BIL - <small>Agency Billing Number</small>
Height:	Weight:	Misc. No.
Eye Color:	Hair Color:	Home Address: <small>Street or PO Box</small>
Place of Birth:	<small>City, State and Zip Code</small>	
SOC:		

Your Number: N/A <small>OCA No. (Agency Identifying No.)</small>	Level of Service <input checked="" type="checkbox"/> DOJ 
If resubmission, list Original ATI No. N/A	ONLY

Employer: (Additional response for agencies specified by statute) N/A	
Employer Name	
N/A	N/A
Street No.	Street or PO Box
N/A	Mail Code (five digit code assigned by DOJ) () N/A
City	State
Zip Code	Agency Telephone No. (optional)

Live Scan Transaction Completed By: _____ <small>Name of Operator</small>	Date: _____
Transmitting Agency	ATI No.
Amount Collected / Billed	

FILL OUT THIS SECTION ONLY



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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: _____

USE OF THE CRIMINAL JUSTICE SYSTEM

As an employee of the DCS volunteer Program of the Los Angeles County Sheriff's Department, you may have access to confidential criminal record information which is controlled by statute. Misuse of such information may adversely affect the individual's civil rights and violate the law. Penal Code Sections 11105 and 1330 identify who has access to criminal history information and under what circumstances it may be released. Penal Code Sections 11140-11144 and 13301-13305 prescribe penalties for misuse of criminal history information. Government Code Section 6200 prescribes the felony penalties for misuse of public records and CLETS information. Penal, Code Sections 11142 and 13303 states:

"Any person authorized by law to receive a record of information obtained from a record who knowingly furnishes the record or information to a person not authorized by law to receive the record or information is guilty of a misdemeanor."

Any employee who is responsible for such misuse is subject to immediate dismissal. Violations of this law may also result in criminal and/or civil action.

Signature

DATE:

Print Name

Los Angeles County Disaster Communications Service (LACDCS) Uniform Policy

Members will wear the proper DCS uniform at all DCS functions and deployments as outlined below, unless instructed otherwise:

- Green polo shirt over a white short sleeve Tee shirt (both tucked in). Appropriate undergarments must be worn at all times.
- A black mock turtleneck, when inclement weather conditions exist, may be worn. The only embroidered lettering permitted around the neck is "LACDCS".
- The long sleeve mock turtleneck is not to be worn with short sleeve polo shirt.
- Black belt. Basket weave or nylon web type.
- Green Class "B" or BDU pants
- Black socks.
- Black shoes or boots. Shoes/Boots shall be shined at all times.
- Green DCS lightweight jacket.
- Sheriff's Field type and Class "B" Jackets with approved DCS shoulder patches affixed.
- Green heavy weight "flight type" jacket with approved DCS shoulder patches affixed.
- The uniform will be maintained so that it is clean and neat in appearance.
- Only patches or insignias which are authorized by the Los Angeles County Disaster Communications Service (LACDCS) shall be worn.
- Rank insignias are NOT to be worn on deployments.
- Only DCS baseball style cap (optional) and wide brim hats sold in the DCS store are acceptable.
- This smoking policy is established in accordance with the Los Angeles County Code Title 2 Administration, Chapter 2.126, Ordinance #85-0093, regarding smoking in County facilities.

For the purpose of this section, smoking shall include cigarette, cigar or pipe smoke, or any other like substance, lighting such a substance and/or carrying a burning pipe, cigar, cigarette or like substance of any kind. Members shall not smoke or use any form of tobacco, including smokeless, on duty, while conducting interviews or under any circumstances where such use may be detrimental to good conduct, appearance or procedure.

Date: _____

Print Name: _____

Signature: _____, Tactical Call: _____



Los Angeles County Disaster Communications Service Letter of Commitment

By signing this Letter of Commitment I agree to the following terms and conditions of becoming a member of the Los Angeles Disaster Communications Service (LACDCS):

- Commit to Forty-eight (48) hours per calendar year. The first year's hours requirement is pro-rated according to the chart below.

Calendar Quarter in Which Member Joined LACDCS

First Quarter	Second Quarter	Third Quarter	Fourth Quarter
48 Hours	36 Hours	24 Hours	12 Hours

- Commit to completing the following FEMA IC Courses within Six (6) months of perspective member training. I also understand that from time to time, the completion of additional courses may be required.

Courses required within Six (6) months after attending Prospective Member Training:

IC 100		IC 700	
--------	--	--------	--

Optional

	IC 200		IC 800
--	--------	--	--------

- Commit to acquiring a conforming LACDCS Uniform, as set forth in the LACDCS Uniform Policy, within three (3) months of becoming a member of the LACDCS. I further understand that I will not be allowed out on activations without wearing a proper uniform at all times.

Dated: _____

Print Name: _____

Signature: _____



LACDCS
1275 N. Eastern Ave.
Los Angeles, CA 90063

Phone: 323-980-2246
E-mail: DCSInfo@lacdcs.org

ASSIGNMENT OF INTELLECTUAL PROPERTY

As a Volunteer for the Los Angeles County Disaster Communications Service (LACDCS) I understand that I may participate in the creation, design, and implementation of documents, manuals, procedures, symbols, badges, web page design, web page content, and other items for use by LACDCS which may be protected by copyright, patent, trademark, or other means for the protection intellectual property rights.

I further understand that a condition of my being permitted to serve as a Volunteer with LACDCS is that I agree to assign any and all intellectual property rights which I may acquire in connection with that volunteer service to LACDCS and that I further agree to cooperate in signing any documents and taking any further steps required of me to transfer such rights to LACDCS without payment or compensation.

The undersigned hereby acknowledges and agrees that *unless there is a written contract to the contrary*, all intellectual property rights acquired during my volunteer service with LACDCS, or in connection with work done at the request of, or on behalf of LACDCS shall belong to LACDCS and that I will cooperate in doing whatever is necessary to assign and/or transfer all such rights to LACDCS without payment or compensation.

Dated: _____

Signature

Print Name