

Los Angeles County Disaster Communications Service

900 Series Application for Membership

Unit ID: <input style="width: 90%;" type="text"/>	<input type="checkbox"/> Renewal	<input type="checkbox"/> New	Date: <input style="width: 90%;" type="text"/>
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Amateur Call	Class of License	License Expiration Date
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Name Last, First, Middle

Residence Address Street, City, State ZIP Code

Mailing Address (If Different fro Residence Address)

Home Phone	Cell Phone	Pager	Home Fax
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Spouse Last, First, Middle

Date of Birth	Place of Birth
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Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	If Naturalized Date and Place
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Ethnic Origin	Sex	Height	Weight	Color of Hair	Color of Eyes
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Drivers License	State	Expiration Date	Social Security Number
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Cell Phone	Pager	E-Mail Address
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Blood Type	WOULD YOU BE WILLING TO DONATE BLOOD IF NEEDED?
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Emergency Contact Name and Relationship	Phone/Pager
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Place of Employment	Telephone and Extension
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Address Street, City, State and ZIP Code	FAX
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Job Title	Job Description
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E-Mail	During the course of an emergency, where will you respond first? (Home, Work, Volunteer Position)
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Yes <input type="checkbox"/>	No <input type="checkbox"/>	Have you ever applied for any position (full-time, part-time or volunteer) in Law Enforcement prior to this application. If so, Where? If so please explain on a seprate sheet of paper.
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Yes <input type="checkbox"/>	No <input type="checkbox"/>	Have you ever been in trouble with Law Enforcement? If so, please explain on a separate sheet of paper.
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Yes <input type="checkbox"/>	No <input type="checkbox"/>	Have you ever been convicted of a misdemeanor or felony? If so, please explain on a separate sheet of paper.
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I hereby authorize the Los Angeles Sheriff's Department to initiate a background check prior to my acceptance as a civilian volunteer with Los Angeles County Disaster Communications Service.

Signature _____	Date _____
Witness _____	Title _____



Los Angeles County Disaster Communications Service



ORIENTATION Volunteer RULES/Contract

APPLICATION

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

HOURS

The hours of duty shall be reported monthly to your District Communications Officer (DCO) or Staff Officer should the DCO position be vacant. You should not be in a Station or Sheriffs facility unless on regularly scheduled duty assignment or official business.

Each volunteer is required to maintain a minimum number of hours per month. The procedure for reporting your hours shall be explained by the District Communications Officer (DCO) or Staff Officer.

IDENTIFICATION

You will be issued a laminated identification card, which shall be worn **at all times** while on duty in a Sheriffs facility or during any event for DCS. 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 or Department employee. All identification cards are the property of the Los Angeles County Disaster Communications Service and must be returned by the volunteer upon termination or resignation.

DRESS CODE AND PERSONAL APPEARANCE

DCS Volunteers shall dress in the appropriate attire when participating in any DCS event, including training sessions, drills and Monday night nets. **Appropriate attire for 900 series members is the Official DCS uniform: beige or green DCS ID shirt with black or green pants, black shoes or business casual attire.** Shorts, sandals and shirts without sleeves and/or collars are not acceptable. Any members not adhering to this dress code will be asked to leave the event.

Problems with Law Enforcement

You hereby agree and understand that if you are arrested or detained by any Law Enforcement Agency for any reason, EXCEPT for minor traffic violations/citation, you are required to notify the DCS Office by phone or email along with a brief written explanation of the incident within 72 hours. This written explanation must include your contact information if follow-up is required. Failure to notify the office can result in your termination from DCS.

REPORTING AND SUPERVISION

As a DCS volunteer you report directly to your assigned District Communications Officer (DCO) and the DCS 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 Disaster Communications Service 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.

Revised 8/2008 updated for 900 series 9/2009

PUBLIC CONTACT

As a DCS volunteer, you represent the Los Angeles County Disaster Communications Service, as well as the Los Angeles County Sheriff's Department, and shall conduct all contact with the public in a highly professional manner. DCS 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 DCS volunteer. Remember, official business of the Sheriff's Department is confidential. Members shall discuss or give official information only to persons for whom the information is intended, or as directed by superiors or as required by law. The content of any criminal record filed in the Department shall be shown or divulged only to authorized people.

As a DCS volunteer you may not use the computer system without the written authorization of the Unit Commander or Emergency Operations Bureau's DCS Liaison Sergeant or Deputy.

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, or accepting services from or performing favors for any persons in custody or recently released from the custody of the Department. Any member contacted by, or on behalf of, a recently discharged prisoner (within the last 30 days) shall immediately report such contact to his/her Station Coordinator and the EOB Liaison.

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

DCS volunteers must be in reasonably good health. Should your health status change, it is imperative that the Station DCS 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 DISASTER COMMUNICATIONS SERVICE PROGRAM

Volunteers may be accepted to the DCS 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.

APPLICANT'S PRINTED NAME

APPLICANT'S SIGNATURE

DATE:

AUTHORIZED SHERIFF'S REPRESENTATIVE

TITLE

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