

# Glenn County Sheriff's Office

## Volunteers in Partnership with the Sheriff

### APPLICATION

(Please type or print clearly)

Legal Name \_\_\_\_\_ Date: \_\_\_\_\_

DOB: \_\_\_\_\_ SS# \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Home Address: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Home Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Cell: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Extension: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

1) Are you a member of any civic groups or professional organizations? YES \_\_\_\_\_ NO \_\_\_\_\_  
*If yes, please list the organizations on page (5) five.*

2) Have you ever been convicted of a misdemeanor? YES \_\_\_\_\_ NO \_\_\_\_\_  
*If yes, please list date of conviction and charge.* \_\_\_\_\_

3) Have you ever been convicted of a felony? YES \_\_\_\_\_ NO \_\_\_\_\_  
*If yes, please list date of conviction and charge.* \_\_\_\_\_

4) Why do you want to be a VIP? \_\_\_\_\_

The following information is true to the best of my knowledge. I authorize the Glenn County Sheriff's Office to conduct a background check prior to my acceptance into the VIPS program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Glenn County Sheriff's Office Volunteers in Partnership with the Sheriff

## PERSONAL HISTORY QUESTIONNAIRE

### **Personal Information:**

1. Legal name: \_\_\_\_\_
2. List all names you have used or have been known by (aliases, maiden, nicknames, etc.) \_\_\_\_\_  
\_\_\_\_\_
3. Date of Birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_
4. U.S. Citizen: YES \_\_\_\_\_ NO \_\_\_\_\_
5. Social Security number: \_\_\_\_\_
6. Martial Status: \_\_\_\_\_ Spouses Name \_\_\_\_\_ Children \_\_\_\_\_
7. Residence Address: \_\_\_\_\_
8. Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_
9. Cell phone: \_\_\_\_\_ 10. Email: \_\_\_\_\_

### **Motor Vehicle Information:**

- 1) Driver's License#: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Type or Class: \_\_\_\_\_ State: \_\_\_\_\_
- 2) Has any driver's license issued to you contained any specific limitations, restrictions, or special conditions? \_\_\_\_\_ If yes, please give details. \_\_\_\_\_  
\_\_\_\_\_
- 3) Has your driver's license ever been suspended, revoked, or placed on negligence operations probation? \_\_\_\_\_ If yes, please give details. \_\_\_\_\_  
\_\_\_\_\_
- 4) Please give the total number of hazardous citations you have received as a driver. \_\_\_\_\_

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## Volunteers in Partnership with the Sheriff

### EDUCATION

Please list all schools attended, beginning with high school including any trade school and college. Please begin with your most recent attendance.

School / Location: \_\_\_\_\_

Date: From \_\_\_\_\_ to \_\_\_\_\_

Degree, certificate, or diploma earned. \_\_\_\_\_

School / Location: \_\_\_\_\_

Dates: From \_\_\_\_\_ to \_\_\_\_\_

Degree, certificate, or diploma earned. \_\_\_\_\_

School / Location: \_\_\_\_\_

Dates: From \_\_\_\_\_ to \_\_\_\_\_

Degree, certificate, or diploma earned. \_\_\_\_\_

School / Location: \_\_\_\_\_

Date: From \_\_\_\_\_ to \_\_\_\_\_

Degree, certificate, or diploma earned. \_\_\_\_\_

### PERSONAL REFERENCES

Please list three (3) persons who know you well enough to provide information about you. Do not list relatives or former employers.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Number: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Number: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Number: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

# Glenn County Sheriff's Office

## Volunteers in Partnership with the Sheriff

### EMPLOYMENT

Please list all your jobs including part-time, full-time, temporary, and volunteer positions that you have held in the past ten years. List all intervening periods of unemployment or military service in their proper sequence. Please begin with the most current employment.

Dates: \_\_\_\_\_ to \_\_\_\_\_ Employer: \_\_\_\_\_  
Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
F/T \_\_\_\_\_ P/T \_\_\_\_\_ Volunteer \_\_\_\_\_ No. of hours per week: \_\_\_\_\_  
Duties: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Dates: \_\_\_\_\_ to \_\_\_\_\_ Employer: \_\_\_\_\_  
Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
F/T \_\_\_\_\_ P/T \_\_\_\_\_ Volunteer \_\_\_\_\_ No. of hours per week: \_\_\_\_\_  
Duties: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Dates: \_\_\_\_\_ to \_\_\_\_\_ Employer: \_\_\_\_\_  
Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
F/T \_\_\_\_\_ P/T \_\_\_\_\_ Volunteer \_\_\_\_\_ No. of hours per week: \_\_\_\_\_  
Duties: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Dates: \_\_\_\_\_ to \_\_\_\_\_ Employer: \_\_\_\_\_  
Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
F/T \_\_\_\_\_ P/T \_\_\_\_\_ Volunteer \_\_\_\_\_ No. of hours per week: \_\_\_\_\_  
Duties: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Dates: \_\_\_\_\_ to \_\_\_\_\_ Employer: \_\_\_\_\_  
Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
F/T \_\_\_\_\_ P/T \_\_\_\_\_ Volunteer \_\_\_\_\_ No. of hours per week: \_\_\_\_\_  
Duties: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

1) If you have not been employed within the past seven years, please explain: \_\_\_\_\_  
\_\_\_\_\_

2) Have you ever been fired or asked to resign from any place of employment? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, Please explain: \_\_\_\_\_  
\_\_\_\_\_

# Glenn County Sheriff's Office

## Volunteers in Partnership with the Sheriff

### ORGANIZATIONS:

1) List all organizations, clubs, professional societies, fraternities, labor organizations, and sororities of which you or have been a member.

Organization: \_\_\_\_\_  
From: \_\_\_\_\_ to \_\_\_\_\_ Office Held: \_\_\_\_\_

Organization: \_\_\_\_\_  
From: \_\_\_\_\_ to \_\_\_\_\_ Office Held: \_\_\_\_\_

Organization: \_\_\_\_\_  
From: \_\_\_\_\_ to \_\_\_\_\_ Office Held: \_\_\_\_\_

2) Do you speak any foreign languages? \_\_\_\_\_

3) Have you ever applied for a permit to carry a concealed weapon? \_\_\_\_\_. (Give details)  
Permit granted: Yes \_\_\_\_ No \_\_\_\_ Date: \_\_\_\_\_ Agency \_\_\_\_\_  
Purpose: \_\_\_\_\_

4) Is there anything in your past that might disqualify you from functioning as a member of the VIPS? If yes, Explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### LEGAL INFORMATION

1) If you have ever been arrested for, or convicted of, any crime please provide the following information: (Exclude traffic citations under \$500)

Date: \_\_\_\_\_ Police Agency: \_\_\_\_\_  
Circumstances/Disposition: \_\_\_\_\_  
\_\_\_\_\_

2) Have you ever been placed on court probation as an adult? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3) Were you ever required to appear before a juvenile court for a felony? \_\_\_\_\_. If yes, please give details. \_\_\_\_\_  
\_\_\_\_\_

4) Are you now or have you ever been involved as a plaintiff or defendant in any civic court action? \_\_\_\_\_  
If yes, please give details. \_\_\_\_\_  
\_\_\_\_\_

# Glenn County Sheriff's Office Volunteers in Partnership with the Sheriff

## SKILLS and INTERESTS

Name: \_\_\_\_\_

When/where is the best time/place to contact you? \_\_\_\_\_

Since this is volunteer work, we desire to place you in a volunteer activity you will enjoy and are qualified for. We will consider the information provided by you to identify your skills and interests. We have left space after each category for you to give us some details about your skills and interests.

Computer skills, data entry, etc. \_\_\_\_\_  
\_\_\_\_\_

Report writing skills. \_\_\_\_\_

Search and Rescue \_\_\_\_\_

Bilingual \_\_\_\_\_

Office skills, (i.e., 10 key, typing, phones, filing.) \_\_\_\_\_  
\_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

I would like to volunteer in the following areas:

- |                                  |                                  |
|----------------------------------|----------------------------------|
| _____ Special Events             | _____ Special projects           |
| _____ Patrol                     | _____ Handicap parking citations |
| _____ Night Patrol               | _____ Crime scene perimeters     |
| _____ Neighborhood Watch         | _____ Traffic control            |
| _____ Assist with police reports | _____ Lost and Found Persons     |
| _____ Records / Filing           | _____ Other                      |

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Glenn County Sheriff's Office Volunteers in Partnership with the Sheriff

## MEDICAL INFORMATION

Name: \_\_\_\_\_ Please print \_\_\_\_\_ DOB: \_\_\_\_\_

Blood Type: \_\_\_\_\_ Choice of Hospital: \_\_\_\_\_

ALLERGIES (medications, bees, etc) \_\_\_\_\_  
\_\_\_\_\_

Medical History: (Seizures, visual disorders, hearing loss, heart disease, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medications: (used daily) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medical Insurance: \_\_\_\_\_ Policy# \_\_\_\_\_

Primary Physician: \_\_\_\_\_ Phone number: \_\_\_\_\_

Emergency contacts: (Please give name, address, and phone number)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any medical or mental condition that will interfere with you doing your duties as a Volunteer In Police Service (VIP). Yes \_\_\_\_\_ No \_\_\_\_\_

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Glenn County Sheriff's Office Volunteers in Partnership with the Sheriff

## AUTHORIZATION TO RELEASE INFORMATION

NAME: \_\_\_\_\_

DOB: \_\_\_\_\_ SS#: \_\_\_\_\_

To Whom It May Concern:

I am an applicant with the Glenn County Sheriff's Office for the position of Volunteer in Partnership with the Sheriff.

The Glenn County Sheriff's Office is authorized to inquire into all areas of my background, which may affect my suitability to be employed as a volunteer and they have reason to believe that you may have information relevant to that purpose concerning me.

I hereby authorize you, your organization, and/or persons in your employ to release any and all information you have concerning me, including information that may be confidential, privileged information, official employee documents, employment performance data, character reference information, educational records, transcripts, medical information, surgical information, dental information, psychological information, dental records (customarily protected under the Medical Records Privacy Act), credit and financial information (customarily protected under the Banking Privacy Act and Fair Credit Reporting Act), and/or any other information which you may possess. I release and hold Harmless you, your organization, its officers, agents, and assigns, from any liability or damages, whether in law or equity, now and in the future for furnishing the information requested by the bearer of this authorization form.

I have specifically and permanently waived any rights I may have to review or inspect any and all information developed in this investigation, so your responses will be completely confidential. You may retain this form for your files.

I certify that I have read this authorization form, understand its meaning and purpose, and have received a copy of it.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness



# Glenn County Sheriff's Office Volunteers in Partnership with the Sheriff

RELEASE AND HOLD HARMLESS FOR CONFIDENTIALITY OF  
PRE-EMPLOYMENT BACKGROUND INVESTIGATION DATE FOR  
VOLUNTEERS IN PARTNERSHIP WITH THE SHERIFF SERVICE MEMBERS

APPLICANT: \_\_\_\_\_  
DOB: \_\_\_\_\_ SS#: \_\_\_\_\_

I fully recognize that individuals must clearly demonstrate their personal, medical, physical, and psychological fitness to serve in the position of a Volunteer in Partnership with the Sheriff. I further recognize that a law enforcement agency has a moral obligation to make every reasonable effort to insure that persons entrusted to them as volunteers, conform to the very highest standards.

To that end, I recognize that a law enforcement agency will conduct an intensive investigation into my personal, medical, and psychological fitness, and that such an investigation will include contacting persons and/or organizations who have information relating to my fitness. I further understand that those persons and/or organizations may feel inhibited, intimidated, or otherwise reticent about furnishing legitimate information concerning me if the confidentiality of their information cannot be guaranteed on a permanent basis.

Therefore, I release and hold harmless the Glenn County Sheriff's Office, their Deputies, agents, or assigns, now and in the future, from any claim or damages in law or in equity on behalf of myself, my heirs, and my assigns, for their refusal to make available any and all of the information contained in this pre-employment personal, medical, and/or psychological history investigation, including but not limited to, the identity(ies) of any person(s) and/or organization(s) which may have supplied information in the course of this investigation, as well as the substance of any such information supplied. I hereby waive my right, now and in the future, to examine, review, or otherwise discover the contents of this investigation and all related documents thereto.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, in the City of \_\_\_\_\_, County of \_\_\_\_\_.

\_\_\_\_\_  
Signature of Person Giving Informed Consent

\_\_\_\_\_  
Witness

# Glenn County Sheriff's Office

## Volunteers in Partnership with the Sheriff

The Volunteers in Partnership with the Sheriff (VIPS) is a program sponsored by the Glenn County Sheriff's Office. The program is designed to have citizen volunteers perform/aid with law enforcement tasks to help the department provide quality law enforcement services to our community.

VIPS members wear a uniform and are utilized by the department in a variety of ways. Volunteers are the eyes and ears of the department and assist with patrol assignments, parking enforcement, hospitality services, data entry, traffic details, security details, crime scene security/integrity and more.

VIPS members must attend and graduate the Glenn County Sheriff's Office Citizen's Academy within one year of active service within the VIPS program. A member who can show proof they have completed an outside agencies Citizens Academy may not have to attend the Glenn County Citizens Academy. The decision will be approved on a case by case basis by the Sheriff or designee. The Citizen's Academy is a 10-week informative program which focuses on the operations of the Sheriff's Office, Law Enforcement in general and the duties of a VIPS member.

VIPS must be 18 years of age or older and pass a background investigation. Volunteers will be selected based on their decision making skills, maturity, and ability to work within the team concept.

Volunteers have been a part of policing for many years. The program is directly in line with the community policing philosophy of the Glenn County Sheriff's Office, to work in partnership with all citizens to protect life and property and to enhance the quality of life for each person living in the Glenn County Community.

If you have any questions regarding the VIPS program, please contact the Glenn County Sheriff's Office.

We, the men and women of this department, stand by our motto:  
*Commitment to Service, Dedication to Community.*

Sincerely,

*Jon Owens*

Jon Owens, Sergeant

# Glenn County Sheriff's Office

## Volunteers in Partnership with the Sheriff

### QUALIFICATIONS

- Interested citizens must complete a VIPS application. A Personal History file is included to allow for background checks.
- Applicants must be at least 18 years of age and preferably possess education equivalent to a high school diploma.
- Applicants must complete the Citizen's Academy within one year of membership. Exceptions may be made at the discretion of the Sheriff or his designee.
- All Applicants will be finger printed for the purposes of completing a criminal history/background check.
- A copy of the applicant's valid California driver's license or Identification card must be submitted with the application.
- Members will be required to volunteer a minimum of 10 hours per quarter (three-month period) to the organization.
- All members will be required to obtain a full uniform according to the Uniform Code. Optional items may be purchased if desired as long as they are approved by the department.

All applications will be reviewed and considered without regard to race, religion, gender, national origin, age or any other basis protected by federal, state, or local law. All applications will be reviewed and considered by the Sheriff or his designee. The applicant will be notified of the outcome of the background/application results when completed.