



# Office of the Sheriff Contra Costa County Volunteer Application

**Mail or Deliver To:**

Contra Costa County Sheriff's Office  
Volunteer Services Unit  
1850 Muir Road  
Martinez, CA 94553

For Any Questions Contact:

**Volunteer Services Coordinator**  
(925) 655-0100

**Position Applying For:**

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Air Squadron       | <input type="checkbox"/> Chaplain Program              | <input type="checkbox"/> Communications Unit | <input type="checkbox"/> Dive Team              |
| <input type="checkbox"/> Food Services Unit | <input type="checkbox"/> Law Enforcement Cadet Program | <input type="checkbox"/> MAMFF Support Unit  | <input type="checkbox"/> Reserve Deputy Sheriff |
| <input type="checkbox"/> S.A.V.E.S.         | <input type="checkbox"/> Search and Rescue             |  |   |

**Please type or print legibly in ink**

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

1. Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

2. Name: (Last, First, Middle) \_\_\_\_\_

3. Address: No. \_\_\_\_\_ Street \_\_\_\_\_ Apt. No. \_\_\_\_\_ City \_\_\_\_\_ State/Zip Code \_\_\_\_\_

4. Phones: Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

4. Phones: \_\_\_\_\_

5. Are you a US Citizen, Naturalized Citizen, or completed Citizenship within the last Year? YES  NO  If no, explain: \_\_\_\_\_

6. Have you ever been convicted of any offense by any civilian or military court? YES  NO  If yes please note in Section 12 of this application the date and place of each offense, the specific charge, the date and place of conviction and the fine or sentence received. You may omit traffic violations for which the only penalty imposed was a fine of less than \$500. A criminal record is not necessarily a bar to being a volunteer. Each case is given individual consideration.

7. Have you ever been discharged, forced to resign, or rejected during a probationary period from any organization within the last 10 years? YES  NO  If answer is yes, it is not necessarily a bar to Volunteering; each case is given individual consideration. If yes, give name and address of the organization, reason for each release and date of action.

8. Have you ever volunteered for Contra Costa County before? YES  NO   
If yes, name group and give dates volunteered: \_\_\_\_\_

9. List licenses, certificates and/or registrations required for this job (Driver's License, 832 P.C., Pilot's License, POST etc.)

<u>TITLE</u>	<u>DATE ISSUED</u>	<u>DATE EXPIRES</u>	<u>NUMBER</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

10. Education: Check appropriate box is you possess one of the following:  
 High School Diploma     G.E.D. Certificate     California High School Proficiency Certificate

Give Highest Grade of Education Level Achieved:

Names of colleges/universities attended	Dates Attended	Course of Study/Major	Degree Awarded	Units Completed		Type Degree	Date Degree Requirements Completed
				Semester	Quarter		
A)			Yes <input type="checkbox"/> No <input type="checkbox"/>				
B)			Yes <input type="checkbox"/> No <input type="checkbox"/>				
C)			Yes <input type="checkbox"/> No <input type="checkbox"/>				
Other Schools/training completed:		Course Studied	Hours Completed	Certificate Awarded			

**11. THE FOLLOWING SECTION MUST BE FILLED OUT COMPLETELY.** List your work experience for the past 10 years beginning with your current or most recent experience. List each promotion separately. Use additional sheets if necessary. Voluntary non-paid experience will be accepted if job related. A resume or other supporting documentation may be attached, but it may not be used as a substitute for completing this section.

A) DATES	EMPLOYER'S NAME AND ADDRESS	TITLE
From: _____ To: _____ Total: _____ Years _____ Months Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	_____ _____ Monthly Salary \$ _____ Hrs per week _____ @ \$ _____ per hour	Duties performed:
B) DATES	EMPLOYER'S NAME AND ADDRESS	TITLE
From: _____ To: _____ Total: _____ Years _____ Months Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	_____ _____ Monthly Salary \$ _____ Hrs per week _____ @ \$ _____ per hour	Duties performed:
C) DATES	EMPLOYER'S NAME AND ADDRESS	TITLE
From: _____ To: _____ Total: _____ Years _____ Months Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	_____ _____ Monthly Salary \$ _____ Hrs per week _____ @ \$ _____ per hour	Duties performed:
D) DATES	EMPLOYER'S NAME AND ADDRESS	TITLE
From: _____ To: _____ Total: _____ Years _____ Months Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	_____ _____ Monthly Salary \$ _____ Hrs per week _____ @ \$ _____ per hour	Duties performed:

12. Remarks:

13. In case of emergency please notify: NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

14. I authorize the employers and educational institutions identified in this Volunteer application to release any information they have concerning my employment or education, to the County of Contra Costa;  YES  NO

May we contact your current employer?  YES  NO

15. I CERTIFY that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I understand and agree misstatements and/or omissions of material fact will cause forfeiture of my rights to volunteering with Contra Costa County. Furthermore, a voluntary position with Contra Costa County is at will and subject to separation at anytime without cause.

THANK YOU

DATE

SIGNATURE OF APPLICANT