

San Bernardino County Sheriff's Department

http://cms.sbcounty.gov/sheriff/Home.aspx

Volunteer Program Preliminary Application



PRINT OR **TYPE** ALL INFORMATION Give application to a unit coordinator at a meeting or send to Volunteer Forces, 199 N. Hangar Way, San Bernardino, CA 92415 Fax (909) 252-4109 Email: volforces@sbcsd.org

CHOOSE ONLY ONE PR	<u>OGRAM</u>				
Citizen Volunteer/Citizer	n Patrol				
Search & Rescue Citize	n Volunteer				
Explorer Scout					
Reserve Deputy Sheriff					
Name			DOB		
LA	AST	FIRST	DATE OF BIRT	Н	
Address					
	STREET	CITY	STATE ZIP		
Mailing Address	STREET	CITY	STATE ZIP		
E-mail Address					
Cell Phone		Home Phone			
Driver's License #	State	_			
Have you ever applied to t	his Department for a position	n before?			
If yes, what position?	What year?				
Have you ever been?	Arrested Convicted	of a Felony Convicted o	f a Misdemeanor		
Check completion of the fo	bllowing: 🔲 High School	Diploma 🔲 GED Certificate			
Reserve	Training: 🗌 Level I 🗌	Level II 🗌 Basic Post Certi	ficate		
	MINIMUM RE	EQUIREMENTS			
No felony convictions No pending misdemeanor or felo Valid driver's license or identifica	ony court cases ation card (explorer scouts exclude	Legal resident of the Uni	High school diploma or GED (explorer scouts excluded) Legal resident of the United States		

I hereby authorize the San Bernardino County Sheriff's Department to conduct a background investigation concerning my work reputation, medical, physical, and criminal records, including information of a confidential or privileged nature.

Signature

Date

Sheriff's Division Use Only Interview of Volunteer Applicant

Interviewing Personnel					
Coordinator:	Unit Member:				
Coordinator:					
 Interview Topics Attendance and participation requirements Purchase of uniforms and equipment Department standards (Criminal History, Drug Us Program standards (Training, Certifications, etc.) Division/Unit Specific standards, requirements an 					
Volunteer Unit Recommendation					
Citizen Volunteer and Explorer Scout Applicants					
Continue with Processing Place this form into <u>completed</u> application packet					
Disqualify Coordinator letter to the applicant Forward this completed form to Volunteer Forces					
Reserve Deputy Sheriff Applicants					
Continue with Processing Requires division commander's approval Attach copy of qualifying certifications Submit to Volunteer Forces					
Disqualify Coordinator letter to the applicant Forward this completed form to Volunteer Forces					
	mander Review				
Accept for Additional Processing Disquali	Volunteer Forces Use Only				
Division Commander Name:					

Sent To _____

Signature: _____ Date: _____