



LOS ANGELES COUNTY SHERIFF'S DEPARTMENT CIVILIAN
VOLUNTEER APPLICATION (for VOP)



Applicant Information:

Name:

(Last)

(First)

(Middle)

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



CIVILIAN VOLUNTEER APPLICATION

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:



LOS ANGELES COUNTY SHERIFF'S DEPARTMENT
CIVILIAN VOLUNTEER APPLICATION



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 _____