

LOS ANGELES COUNTY SHERIFF'S DEPARTMENT CIVILIAN VOLUNTEER APPLICATION



	(First)			(Middle)				
Sta	State: Z		Zip:					
So	Social Sec #:		Citizenship:					
Ce	Cell Phone:		Nork Phone:					
rivers License # License Exp Date		s	tate:					
Secondary Email Address:								
Employment Information								
				How long?				
E-ma	E-mail:			Position:				
State:			ZIP Code:	:				
Name of a person not residing with you:								
State & Zip:		Phone:		Phone:				
Relationship:								
n in Law Enfo	rcement prior to this app	lication? Yes/	No					
w enforceme	nt? 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.								
	SIGN HERE	Date:						
		Date:						
	State & Zip: State & Zip: n in Law Enfo w enforceme sdemeanor o written, may nade. reby autho a backgrou	State: Social Sec #: Cell Phone: License Exp Date: On E-mail: State: State & Zip: In in Law Enforcement prior to this app we enforcement? Yes / No sdemeanor or felony? Yes / No written, may cause the applicant's name and e. reby authorize the Los Angeles of a background check prior to my	State: Z Social Sec #: C Cell Phone: V License Exp Date: S The state is contained by the state	State: Zip: Cell Phone: Work Phone: License Exp Date: State: Date: Date: Date: Date: State: Zip: Phone: In in Law Enforcement prior to this application? Yes / No wenforcement? Yes / No If so, please discuss: written, may cause the applicant's name to be removed from the eligible lade. The property of the prior to may acceptance as a civilian voltage of the partment of the				



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REFERENCES					⊘ (v	
Please list three references.						
Full Name:	Relationshi	ip:				
Address:	Phone: ()				
Full Name:	Relationshi	ip:				
Address:	Phone: ()					
Full Name:	Relationship:					
Address:	Phone: ()					
Military Service						
Branch:		From : Year		To : Year		
			\	Teal		
Rank at Discharge:		Type of L	Discharge:			
BACKGROUND						
Have you ever been arrested? (No) (Yes- Explain)						
Has anyone you currently live with or lived with in last 5 years been arreste	d or currently	serving ti	me 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) (N	Yes- Explai	in)			
SKILLS AND HOBBIES:						



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NARVATIVE- WHY I WANT TO BE A VOLUNTEER WITH THE SHERIFF'S DEPARTMENT						
***** OPTIONAL ***** MEDICAL INFORMATION ***** OPTIONAL *	****					
YOUR DOCTORPHONE						
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 TH NOT STATED ABOVE?	IE STATION THAT YOU HAVE					
INSURANCE COMPANYPHONE						
GROUP #						
HOSPITAL PREFERENCE						
ADDRESSZIPZIP						