



**CITY OF PALM DESERT
CITIZENS ON PATROL
VOLUNTEER APPLICATION**

GENERAL INFORMATION

NAME _____ PHONE _____

PRESENT ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL ADDRESS _____

EMPLOYMENT _____ FROM _____ TO _____

DRIVERS LICENSE _____ STATE _____ EXPIRATION DATE _____
Please attach copy of drivers license

SOCIAL SECURITY NUMBER (optional) _____ D.O.B. _____

HEIGHT ____ WEIGHT ____ HAIR ____ EYES ____ SEX ____ BLOOD TYPE ____

ALLERGIES _____

MEDICATIONS _____

PHYSICAL LIMITATIONS _____

HAVE YOU BEEN CONVICTED OF A CRIME IN THE PAST TEN YEARS? _____
(excluding misdemeanors and summary offenses)

IF YES, PLEASE DESCRIBE IN FULL _____

PLEASE LIST ANY OTHER CREDENTIALS OR SKILLS SUCH AS BUSINESS SKILLS, CP,
COMPUTER, ETC. _____

LANGUAGES SPOKEN _____

PLEASE INDICATE THE NUMBER OF HOURS PER WEEK THAT YOU CAN VOLUNTEER
FOR THE COPS PROGRAM _____

EMERGENCY CONTACT INFORMATION

NAME _____ RELATIONSHIP _____ PHONE _____

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BIOGRAPHICAL SKETCH

PLEASE INCLUDE ANY PERTINENT INFORMATION SUCH AS CIVIC INVOLVEMENT, EDUCATION, WORK EXPERIENCE, GOVERNMENT AGENCY CLEARANCES AND ANY OTHER SUPPLEMENTAL MATERIAL RELEVANT TO SERIVING AS A COPS VOLUNTEER:

PLEASE LIST BELOW ANY ALIASES/OTHER NAMES USED

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RELATED EXPERIENCE

PLEASE ATTACH A CURRENT RESUME OF YOUR WORK AND EDUCATIONAL HISTORY BEGINNING WITH THE COMPLETION OF HIGH SCHOOL.

“I CERTIFY THAT THE STATEMENTS MADE BY ME ON THIS APPLICATION ARE TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND ARE MADE IN GOOD FAITH. I AGREE THAT I WILL VOLUNTEER A MINIMUM OF TWENTY (20) HOURS PER MONTH UNLESS GRANTED A LEAVE OF ABSENCE.”

SIGNATURE OF APPLICANT

DATE

RECOMMENDED BY _____

PLEASE RETURN APPLICATION TO: CITY OF PALM DESERT
ATTN: COPS PROGRAM
73-510 FRED WARING DRIVE
PALM DESERT, CA 92260



**CITY OF PALM DESERT
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VOLUNTEER APPLICATION**

MEDICAL CLEARANCE FORM

Dear Physician:

_____ wishes to participate in the Citizens on Patrol (COPS) Program to serve as an Ambassador for the City of Palm Desert.

Please provide any information that may limit or prohibit this applicant from volunteering in the COPS Program. This completed form should be returned to your patient with any recommendations or restrictions that are appropriate.

Physician's Signature

Date

Physician's Name (printed)

Physician's Address and Phone Number

Thank you for your assistance. If you have any questions regarding this program, please call Frankie Riddle, Director of Special Programs at the City of Palm Desert, (760) 346-0611 Ext. 331.



PALM DESERT CITIZENS ON PATROL

73-510 Fred Waring Drive
Palm Desert, California 92260
(760) 346-0611, ext. 331 – www.cityofpalmdesert.org

NOTICE OF CONFIDENTIALITY OF CITY/POLICE DEPARTMENT INFORMATION

1. Volunteers shall not disclose or allow access to information contained in or obtained from Local Summary Criminal History Information, records maintained by State Department of Justice, or material, documents and information received from the Federal Bureau of Investigation or any other agency of State or Federal government, unless such disclose or access is authorized by law.
2. Volunteers shall not use any information derived from any City or Police Department sources or records for personal gain or use, except as authorized by law or City or Police Department policies and procedures.
3. Volunteers shall not permit any person to receive information connected with the operation of the City of Police Department without permission of the respective agency or as otherwise provided by law or City or Police Department policies and procedures.
4. Volunteers shall not disclose to anyone the fact to the nature of any investigation, except as provided by law or City or Police Department policies and procedures.
5. Volunteers shall not give any unauthorized person any information concerning the location of records, weapons, ammunition, the number of officers on duty, shift assignment or patrol beat area.
6. Serving the public provides each of us with great responsibility. Consequently, there can be no compromise in the requirement for all volunteers to follow the City and Police Department policies and procedures on records and information and this "Notice of Confidentiality of City/Police Department Information". Any violation of said subject by a volunteer may result in severe disciplinary action and/or termination.
7. Penal Code, Section 11142 relating to State Summary Criminal History information provides as follows: *Any person authorized by law to receive a record or information obtained from a record who knowingly furnishes the record or information to a person who is not authorized by law to receive the record or information is guilty of a misdemeanor.*
8. Penal Code, Section 13302 relating to Local Summary Criminal History Information provides as follows: *Any person of the local criminal justice agency who knowingly furnishes a record or information obtained from a record to a person who is not authorized by law to receive the record or information is guilty of a misdemeanor.*

I have read and understand the "Notice of Confidentiality of City/Police Department Information"

Printed Name

Signature

Date



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ACKNOWLEDGMENT WAIVER

Name _____

Address _____

You will undergo a rigorous, in-depth background investigation as a result of your application for a volunteer position with the City of Palm Desert. In the event that your background investigation should uncover information that leads to a belief that you have or are engaged in illegal activities, we will notify the appropriate law enforcement agency for their continued investigation and possible prosecution.

I have read the above notice and understand that any information concerning criminal activity that I have participated in is NOT protected by any form or confidentiality, regardless of where the information came from. I understand that any information discovered about me during the background process, may be used against me in further criminal investigation and prosecution. _____ (*Initial here*)

Failure to notify the City of Palm Desert of any changes during the background investigation can be grounds to deny your application. In addition, unreported law enforcement contacts will be cause for immediate disqualification.

Signature

Date



PALM DESERT CITIZENS ON PATROL

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Palm Desert, California 92260
(760) 346-0611, ext. 331 – www.cityofpalmdesert.org

NO FEEDBACK WAIVER

Name _____

Address _____

I understand that that the background investigation performed as an applicant for the Palm Desert Citizens on Patrol (COPS) Program is for **security purposes only**. It is to assess qualifications for this specific position and is in no way to be construed as intended for any other purposes.

I understand that I will be given **NO FEEDBACK** or results other than being notified of “passing” or “not passing”. Also, I acknowledge that these records are confidential and will be the property of the Palm Desert Police Department and will not be made available to any other law enforcement agency or employer without a Personal Information Waiver signed by me.

MEMBERSHIP DENIAL

Also, if I am not recommended to become a COPS volunteer, I understand that I will be given **NO FEEDBACK** as this means only that I do not meet the standards established for the COPS Program.

Signature

Date

Riverside County Sheriff's Department
Stan Sniff, Sheriff

RIDE-ALONG APPLICATION

Applicant's Full Name	Date of Birth	Male Female	Date of Application
Applicant's Address	Phone Number	Date & Time of Participation	
Applicant's Occupation (if student, Name of School)		Education Level	
Next of Kin to be contacted in case of emergency		Telephone Number	
Doctor or Medical Facility (Name & Address)		Type of personal accident insurance	
1. Have you ever been arrested for a criminal offense other than minor traffic offenses? NO YES If yes, please explain:			
2. Have you had any contact with the criminal justice system? NO YES If yes, please explain:			
3. What are your reasons for requesting participation at this time?			
APPROVAL FOR RIDE-ALONG OR DIRECT LAW ENFORCEMENT EXPERIENCE			
Approved		Disapproved	
Reason for Disapproval:			

Station Commander Signature

Watch Commander Signature

Assigned to:

To be completed by employee assigned. Please print or type information.

Describe any significant crimes or problems you and your observer became involved in:

Number of hours observer remained:

Did observer interfere with your duties: NO YES

If YES explain:

Employee's Signature

**AGREEMENT ASSUMING RISK OR INJURY OR DAMAGE
WAIVER AND RELEASE OF CLAIMS**

As used in this agreement, the term "law enforcement department" shall include the Sheriff's Department of Riverside County and the Police Departments of the several cities within Riverside County. The term "county" shall refer to Riverside County and the term "city" shall refer to each and every city within Riverside County as appropriate.

WHEREAS, the undersigned being (under) (over) the age of twenty-one and not being a member, employee, or agent of any law enforcement, has made a voluntary written request for permission to ride as a guest or observer in a law enforcement department vehicle at a time when such vehicle is operated and manned by members of said law enforcement department and has further requested permission to accompany a members of said law enforcement department during the active performance of their official duties as Police Officers or Sheriff's Deputies; and

WHEREAS, the undersigned acknowledges that the work and activities of said law enforcement department are inherently dangerous involving possible risk of injury, damage, expense or loss to person and property and further agrees that the said law enforcement department did not take the initiative in extending an invitation to ride or accompany its members;

NOW, THEREFORE, be it understood that the undersigned and his parent or guardian hereby agrees that the city, the county, the law enforcement department, any member of a law enforcement department, the driver or owner of any automobile owned or operated by, or in the service of the city or county, their sureties, and each of them shall not be held liable or responsible under any circumstances whatsoever by the undersigned, his estate or heirs of any injury, damage, expenses or loss to their person or property of the undersigned incurred while riding as a guest or observer in any law enforcement department vehicle or while accompanying a member of said department during the active performance of his official duties as a police officer.

READ THIS DOCUMENT COMPLETELY BEFORE SIGNING

Date: _____ Parent or Guardian: _____

Signed: _____

Address: _____ Phone Number: _____

After completed experience, please write a statement in your own words describing your activities and opinions. Thank you.

RSVP

...an invitation to volunteer your time, skills, and experience.

Volunteers serving the Coachella Valley

78900 Avenue 47, Ste. 200, La Quinta, CA 92253 Phone (760) 771-0501 Fax (760) 771-6267

VOLUNTEER APPLICATION

VOLUNTEER SITE: _____ Supervisor District # _____

~CONFIDENTIAL INFORMATION~

Name: _____
(Last) (First) (Middle)

Address: _____

City: _____ State: _____ Zip Code: _____ - _____

Phone: (____) _____ ~ _____ E-Mail Address: _____

Date of Birth: ____/____/____ Gender: Male Female

DISCLAIMER

Riverside County Ordinance 440, as amended, states in Section 10.1F **County Insurance**: Such liability insurance as the State of California may carry shall be excess insurance over any other valid collectible insurance, including that provided by the volunteer worker. **Volunteer workers are not covered by Workers Compensation Insurance or by County self-insurance for injury or accident arising out of volunteer service.**

I have read and understand the foregoing notice. In addition, I understand that as a volunteer for RSVP and the Riverside County Office on Aging I will not accept gifts or services from those I serve as a result of the performance of my duties as a volunteer. I further understand all information I obtain from those I serve is of a confidential nature and is not to be divulged outside the confines of the Agency. As well, **I understand the RSVP and the Office on Aging has the right to accept my services as a volunteer or to revoke them at any time.**

X _____
Volunteer's Signature Date

(Information Required)

Emergency Contact: _____

Phone Number: (____) _____ - _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip Code _____

(Information Required)

Supplemental Insurance Beneficiary: _____

Phone Number: (____) _____ - _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip Code _____

(Please Complete Other Side of Application)

Ethnicity: Asian-Pacific Islander American Indian/Alaskan Native Black/African American
 Caucasian Hispanic Other _____

Languages Spoken (check all which apply): Chinese French German Hebrew
 Italian Japanese Korean Russian Native American dialect Spanish
 Thai Vietnamese American Sign Language Other _____

Education (check the highest level completed):
 Less than H.S. High School Diploma Some College College Degree
 Technical/Trade School Graduate School

Occupation/Profession: _____

SKILLS & INTERESTS
(please check all which apply)

<input type="checkbox"/> Accounting/Bookkeeping	<input type="checkbox"/> Food Programs	<input type="checkbox"/> Reading to Others
<input type="checkbox"/> Administration/Management/Personnel	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Senior Care
<input type="checkbox"/> Advocacy	<input type="checkbox"/> Host/Hostess	<input type="checkbox"/> Service Contracts Oversight
<input type="checkbox"/> Advisory Council Development	<input type="checkbox"/> Insurance (Health)	<input type="checkbox"/> Serving Special Needs People
<input type="checkbox"/> Animal Care	<input type="checkbox"/> Legal/Law Enforcement	<input type="checkbox"/> Social Service/Counseling
<input type="checkbox"/> Arts & Crafts Instruction	<input type="checkbox"/> Legislation/Policy Change	<input type="checkbox"/> Special Events
<input type="checkbox"/> Computer Skills	<input type="checkbox"/> Medical/Health Aide	<input type="checkbox"/> Tax Preparation
<input type="checkbox"/> Construction	<input type="checkbox"/> Office/Clerical	<input type="checkbox"/> Teaching
<input type="checkbox"/> Driving	<input type="checkbox"/> Phone Support	<input type="checkbox"/> Visitor Services
<input type="checkbox"/> Food Preparation	<input type="checkbox"/> Planning and Needs Assessment	

Release of Information/Pictures

As a volunteer for RSVP, I hereby authorize the Riverside County Office on Aging, RSVP Volunteer Program to disclose pictures taken of me, information and/or statements I have given through interviews with staff, in press releases, articles, newsletters or advertisements.

Volunteer's Signature _____
Date

The following applies only to applicants whose volunteer service requires the use of their personal vehicle in the performance of the volunteer assignment.

VEHICLE INSURANCE INFORMATION

Driver's License #: _____ **State:** _____

Limitations on license: _____

Automobile Insurance Carrier: _____

I hereby certify that I now maintain the minimum liability insurance coverage, as required by the State of California. I further certify that I will continue to maintain this coverage for as long as I am a volunteer with the County of Riverside and drive my private vehicle or a County vehicle on official County business. I further certify that I now have and will continue to maintain a current Driver's License issued by the State of California. I also certify that I have no medical conditions precluding me from safely operating a vehicle.

Volunteer's Signature _____
Date

RSVP *...an invitation to volunteer your time, skills, and experience.*

Volunteers serving the Coachella Valley

78900 Avenue 47, Ste. 200, La Quinta, CA 92253 Phone (760) 771-0501 Fax (760) 771-6267

VOLUNTEER STATEMENT OF ETHICS AND CONFIDENTIALITY

I agree, as a volunteer, to conduct myself in accordance with the general and specific principles below:

A. ETHICS

1. *Volunteer/Customer Relationships*

I will maintain the confidentiality of all persons served. The nature of the work of the Agency/ Department can be highly personal. It is paramount that I maintain the highest ethical standards.

2. *Acceptance of Gifts*

As a Volunteer, I shall not accept any gift, bonus, gratuity, favor, or loan from any customer of the Agency/ Department.

3. *Appropriate Conduct*

I will refrain from participating in any activity in which my personal conduct is likely to result in inferior services, violations of the law, or behaviors, which would reflect negatively on the Agency/ Department.

4. *Drugs/Alcohol*

I will refrain from the use of alcohol or other mood-altering drugs while in the performance of my duties as a Volunteer.

B. CONFIDENTIALITY

I understand and fully acknowledge the high degree of importance of exercising discretion and confidentiality regarding all information to which I am exposed as a result, of being affiliated with the Riverside County Office on Aging.

I also recognize that I may have access to Agency personnel information, computer software and related documentation, financial records, minutes of meetings, methods of operation, and other information, which constitutes or contains confidential or proprietary information. I am also fully aware that I cannot share or discuss with anyone such confidential or proprietary information unless specifically asked to do so by my supervisor, either during the period I volunteer or for any time after I no longer am a volunteer with the RSVP Volunteer Program.

C. CONDITIONS OF LIMITED CONFIDENTIALITY

There are certain specified conditions under which confidentiality is limited in order to protect the health and safety of others or myself. The specific conditions are:

1. Where there is known or suspected elder abuse.
2. Where there is known or suspected child abuse.
3. Where there are threats of violence or harm to someone.
4. Where there are threats of suicide.
5. Where there is a threat to public safety.

Signature of Volunteer _____

Date _____





A Public Service Agency

EMPLOYER PULL NOTICE PROGRAM

**AUTHORIZATION FOR
RELEASE OF DRIVER RECORD INFORMATION**

I, _____, California Driver License Number, _____, hereby authorize the California Department of Motor Vehicles (DMV) to disclose or otherwise make available, my driving record, to my employer, _____

COMPANY NAME

I understand that my employer may enroll me in the Employer Pull Notice (EPN) program to receive a driver record report at least once every twelve (12) months or when any subsequent conviction, failure to appear, accident, driver's license suspension, revocation, or any other action is taken against my driving privilege during my employment.

I am not driving in a capacity that requires mandatory enrollment in the EPN program pursuant to California Vehicle Code (CVC) Section 1808.1(k). I understand that enrollment in the EPN program is in an effort to promote driver safety, and that my driver license report will be released to my employer to determine my eligibility as a licensed driver for my employment.

EXECUTED AT: CITY _____ COUNTY _____ STATE _____

DATE _____ SIGNATURE OF EMPLOYEE _____
X

I, _____, of _____, do hereby certify under penalty of perjury under the laws in the State of California, that I am an authorized representative of this company, that the information entered on this document is true and correct, to the best of my knowledge and that I am requesting driver record information on the above individual to verify the information as provided by said individual. This record is to be used by this employer in the normal course of business and as a legitimate business need to verify information relating to a driving position not mandated pursuant to CVC Section 1808.1. The information received will not be used for any unlawful purpose. I understand that if I have provided false information, I may be subject to prosecution for perjury (Penal Code Section 118) and false representation (CVC Section 1808.45). These are punishable by a fine not exceeding five thousand dollars (\$5,000) or by imprisonment in the county jail not exceeding one year, or both fine and imprisonment. I understand and acknowledge that any failure to maintain confidentiality is both civilly and criminally punishable pursuant to CVC Sections 1808.45 and 1808.46.

AUTHORIZED REPRESENTATIVE

COMPANY NAME

EXECUTED AT: CITY _____ COUNTY _____ STATE _____

DATE _____ SIGNATURE AND TITLE OF AUTHORIZED REPRESENTATIVE _____
X

To obtain a driver record on a prospective employee you may submit an INF 1119 form. To add this driver to the EPN Program you must submit the applicable forms: INF 1100, INF 1102, INF 1103, INF 1103A form. You may obtain forms at our website at www.dmv.ca.gov/otherservices, or by calling 916-657-6346.

THIS FORM MUST BE COMPLETED AND RETAINED AT THE EMPLOYER'S PRINCIPAL PLACE OF BUSINESS AND MADE AVAILABLE UPON REQUEST TO DMV STAFF.

DO NOT RETURN THIS FORM TO DMV.



Sheriff's Department Volunteer Disaster Service Worker REGISTRATION FORM



Loyalty Oath under Code of Civil Procedure §2015.5 & Title 19, Div.2, Chap.2, Sub-Chap.3, 2573.1

(HIGHLIGHTED AREAS REQUIRED BY REGULATION)

TYPE OR PRINT IN INK

LAST NAME:		FIRST NAME:		MIDDLE	SSN:
ADDRESS:		CITY:		STATE:	ZIP:
COUNTY:		HOME PHONE:		WORK PHONE:	
CELL PHONE:		E-MAIL:		DATE OF BIRTH :	
DRIVER LICENSE NUMBER:		DRIVER LICENSE CLASSIFICATION:		LICENSE EXP:	
PROFESSIONAL LICENSE #'S		FCC LICENSE: (if applicable)		LICENSE EXP:	
IN CASE OF EMERGENCY, CONTACT:					
SEX	AGE	HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR
<p>Government Code §3108-§3109: Every person who, while taking and subscribing to the oath or affirmation required by this chapter states as true any material matter which he knows to be false, is guilty of perjury, and is punishable by imprisonment in the state prison not less than one nor more than 14 years. Every person having taken and subscribed to the oath or affirmation required by this chapter, who, while in the employ of, or service with, the state or any county, city, city and county, state agency, public district, or disaster council or emergency organization advocates or becomes a member of any party or organization, political or otherwise, that advocates the overthrow of the government of the United States by force or violence or other unlawful means, is guilty of a felony and is punishable by imprisonment in the state prison.</p>					
LOYALTY OATH OR AFFIRMATION (GOVERNMENT CODE §3102)					
<p>I, _____, do solemnly swear (or affirm) that I will support and defend the <small>PRINT NAME</small> Constitution of the United States and the Constitution of the State of California against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of California; that I take this obligation freely, without any mental reservations or purpose of evasion; that I will well and faithfully discharge the duties upon which I am about to enter. I certify under penalty of perjury that the foregoing is true and correct.</p>					
DATE		SIGNATURE		IF UNDER 18 YEARS OLD, SIGNATURE OF PARENT/GUARDIAN	
SIGNATURE OF OFFICIAL AUTHORIZED TO ADMINISTER LOYALTY OATH			TITLE		
<i>This Block to be completed ONLY by Riverside County Sheriff's Department</i>					
REGISTERED BY:			PHONE:		
DSW CLASSIFICATION:			CATEGORY:		
STATION:			DSW IDENTIFICATION CARD ISSUED?		
			NO? YES? ID#		
REGISTRATION DATE:			*EXPIRATION DATE:		
MISCELLANEOUS INFORMATION:					