



JOE PELLE
Sheriff

Boulder County Sheriff's Office

VOLUNTEER APPLICATION

Volunteer position applying for, or area of interest:

Name

Last

First

VOLUNTEER APPLICATION INSTRUCTIONS

Before completing your application please consider the following about the Boulder County Sheriff's Office volunteer personnel selection process. The Sheriff's Office has established personnel standards that are higher than you will encounter with most volunteer organizations. We believe these high standards are necessary because of the nature of our work and because of the legal obligations of the Sheriff. This is not meant to discourage your application for participation in a very worthwhile program, but to help you understand why we require so much personal information.

PRINT IN INK DO NOT TYPE

Complete every section. If a question does not apply to you, write **N/A**. Should you require more space than is available for the answer, attach a sheet of paper with the written information. All information is subject to verification. Be sure to sign the waiver on the last page in front of a notary public.

VOLUNTEER POSITION APPLYING FOR OR AREA OF INTEREST:				DATE	
NAME:		LAST	FIRST	MIDDLE	DATE OF BIRTH
HOME ADDRESS (NUMBER/STREET/APARTMENT)				HOME PHONE	
CITY	STATE		ZIP		Cell Phone
MAIDEN NAME/NICKNAMES/OR OTHER NAME CHANGES			EMAIL ADDRESS:		
Are you a legal resident of the United States? YES NO					
NAME OF SPOUSE/SIGNIFICANT OTHER					

RESIDENCES

Except for your current address list all past residences for the last five (5) years beginning with your last previous address.

Street address	City/State/Zip	Dates
Street Address	City/State/Zip	Dates
Street Address	City/State/Zip	Dates
Street Address	City/State/Zip	Dates
Street Address	City/State/Zip	Dates

EMPLOYMENT EXPERIENCE

Beginning with your current employment, list your work history for the last five (5) years, including part time and temporary jobs.

Dates From:	Employer	Address/City/State/Zip	Supervisor: Phone:
To:	Job Title	Description of Duties	
Dates From:	Employer	Address/City/State/Zip	Supervisor: Phone:
To:	Job Title	Description of Duties	
Dates From:	Employer	Address/City/State/Zip	Supervisor: Phone:
To:	Job Title	Description of Duties	

Foreign Language Skills

List foreign languages and rate your level of ability for each as excellent, good, or fair.

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REFERENCES

List three persons who are not your relatives who can provide both current and past information about you.

1. Name	Relationship	Years Known
Address/City/State/Zip	Phone Number	
2. Name	Relationship	Years Known
Address/City/State/Zip	Phone Number	
3. Name	Relationship	Years Known
Address/City/State/Zip	Phone Number	

EDUCATION

Beginning with the most current, list all high schools and colleges you attended. If you received the GED, provide number, date and location.

Name and location of Institution	Dates Attended		Credits	Major	Degree
	From	To			

VOLUNTEER EXPERIENCE

Beginning with the most current, list the organizations and affiliations with whom you have performed volunteer work.

Dates From:	Organization	Address/City/State/Zip	Supervisor:
To:	Description of Work		Phone:
Dates From:	Organization	Address/City/State/Zip	Supervisor:
To:	Description of Work		Phone:
Dates From:	Organization	Address/City/State/Zip	Supervisor:
To:	Description		Phone:

CIVIL LITIGATION

Have you ever been the defendant of a lawsuit or received notice of claim to be sued? No Yes If yes, please explain:

Empty text area for Civil Litigation response.

DRUG USE

Describe your use of marijuana, and/or any drugs not prescribed by your physician and date you last used:

Empty text area for Drug Use response.

Notwithstanding the provisions of Colorado Constitutional Amendment 20, Medical Marijuana, and Amendment 64 legalizing the limited use of marijuana, the use or non-duty related possession of marijuana by a Sheriff's Office employee/volunteer is a violation of federal law and is prohibited. Do you agree that while employed or being a volunteer for the Boulder County Sheriff, you will not partake of any marijuana related products containing THC?

DRIVER'S LICENSE AND VEHICLE INFORMATION

License Number	Type	State of Issue	Expiration Date
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Have you ever had your driver's license revoked or suspended or have you ever been denied issuance of a driver's license? No Yes If yes, please explain:

Empty text area for driver's license response.

If being able to drive to a location is part of the volunteer program, do you own or have access to a vehicle? Yes No Do you have vehicle insurance? Yes No

TRAFFIC AND CRIMINAL ARREST INFORMATION

Beginning the most current, list each occurrence for which you received traffic or criminal summons and/or that you were arrested.

Date	Location	Offense/Charge
Disposition		
Date	Location	Offense/Charge
Disposition		
Date	Location	Offense/Charge
Disposition		



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Sheriff

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AUTHORIZATION FOR THE RELEASE OF INFORMATION AND RECORDS

AUTHORIZATION TO RELEASE CREDIT AND CHARACTER INFORMATION

Having made application with the Boulder County Sheriff's Office, I hereby authorize a complete investigation of my record by the Boulder County Sheriff's Office, or another police agency authorized to conduct their applicant investigation, to ascertain any and all information which may concern my credit or character, whether same is of record or not, and release your organization and all persons whatsoever from any charge because of furnishing said information. I hereby acknowledge that I am aware the results of this investigation are confidential for Boulder County Sheriff's Office use only and will not be disclosed to myself or any other person.

SCHOOL INFORMATION AUTHORIZATION

This is to authorize the release to Boulder County Sheriff's Office, or another police agency authorized to conduct their applicant investigation, information regarding my school records and transcripts.

Signature _____ Date _____

Subscribed and sworn to before me this _____ day of _____ 20____,

Date Commission Expires

Notary Public