



**VOLUNTEER
For
S&R SERVICE**

DATE: _____

Please Print. Bring in or mail this form to:

Date Started (Mo. & Yr.): _____

CCSO Volunteer Coordinator

ATTN: Ken Smith

901 E. Musser Street

Carson City, NV 89701

Full Name (First, Middle, Last): _____

Mr./Mrs.Ms. _____

Home Street Address: _____

City: _____ Zip: _____ Home Phone: () _____

Cell Phone: () _____ FCC Radio License# _____

Date of Birth: Mo ___ /Day ___ /Yr. ___ Drivers License # _____ State _____

Occupation: _____ Name of Business _____

Address _____ City _____ Zip _____

Business Phone: () _____ Email: _____ @ _____

ANSWERS TO THE FOLLOWING QUESTIONS ARE STRICTLY CONFIDENTIAL AND NECESSARY TO PARTICIPATE

Have you ever been arrested for, convicted of, or cited for an offense other than traffic citations: Yes No

If yes, please explain in detail, showing the date, charge, location and action taken, on back of form.

The Carson City Sheriff's Office may deny participation to anyone who:

- Falsifies or fails to properly complete the application.
- Has a felony conviction
- Has used illegal drugs in the past five years, and any sales of illegal drugs, or abuse of prescription drugs.
- Was dishonorably discharged from the United States Armed Forces.
- Any other act, conduct, or pattern of conduct that would tend to disrupt, diminish, or otherwise jeopardize public trust in the law enforcement profession.
- Removes, copies, transmits or releases, verbally or in writing, any information belonging to the Sheriff's Office.



Ken Furlong Sheriff

RELEASE & WAIVER

As an applicant for the Carson City Sheriff's Office as a volunteer (SAR), I am aware of the necessity and I authorize the Carson City Sheriff to conduct an inquiry into my criminal history or any other inquiry to determine my suitability. I hereby release the Carson City Sheriff's Office, City of Carson City, their agents and employees, or any others they may designate, from any liability or damage which may result from obtaining any and all personal information gathered about me through my voluntary participation in this program. I understand my participation in all portions of the SAR Business Meetings, Training Meetings and any Board approved activities are voluntary. I agree to follow SAR Standard Operating Procedures and I assume any and all risk by participating in this program. This release expires one year from the date of my signature below.

I certify that all statements in this form and any attachments are true, correct and complete to the best of my knowledge. I understand any false information in this form and attachments may, if I am accepted, be considered grounds for immediate dismissal from the SAR program. I understand all statements are subject to verification.

Signature: _____ Date: ____/____/____



VOLUNTEER
CONFIDENTIALITY POLICY

CONFIDENTIALITY POLICY

I, _____, understand that as a Volunteer with the Carson City of Carson City Sheriff's Office I may be called upon to perform duties that involve information that can be considered highly confidential and of a personal nature.

Release or dissemination of such material and/or information, regardless of intent or nature, unless revelation is necessary in the performance of my duty, is strictly forbidden under Sheriff's Office Policy.

Violation of this policy may result in the immediate removal from any and all Carson City Sheriff's Office Volunteer Programs.

Signature Date



**VOLUNTEER
POLICY**

ACKNOWLEDGMENT OF AT-WILL VOLUNTEER

I, _____, acknowledge that I am an AT-WILL Volunteer with the Carson City Sheriff's Office, I have no vested property rights in my position as a Citizen Volunteer. I hereby acknowledge that I may be terminated/released as a volunteer at any time without cause and without right of appeal.

Signature

Date

VIPS Coordinator Signature

Date



911 E. Musser St.
Carson City, NV 89701
775-887-2500
Fax 775-887-2028

APPLICANT AUTHORITY TO RELEASE INFORMATION

I am an applicant for a volunteer position with the Carson City Sheriff's Office. For this specific purpose, I hereby grant to the following:

Release of Information:

I hereby authorize you, for a period of 18 months from the date of signature, to release any and all information that you may have concerning my qualifications, including public, private and confidential information, to any member or agent of the Carson City Sheriff's Office. Such information may be released upon presentation of this waiver, in person, by mail, by fax, or by any other method. Information I am requesting you provide includes, but is not limited to, release of any information regarding my background, character and reputation for honesty, and attitudes towards the job and fellow employees, reasons for leaving and any other information you have concerning my qualifications, and suitability for employment; release of any criminal justice information, including arrests, detentions, field contacts, jail and booking records, traffic citations, traffic accident reports, District Attorney and court records, parole and probation reports, laboratory reports and results, and any other criminal justice history from any source.

Waiver of Liability:

I hereby release you and any law enforcement agency, school, college, university, or other educational institution, military organization, hospital or other holder of medical records, credit bureau or credit reporting agency, lending institution or business establishment, including all officers, agents, employees and related personnel, both individually and collectively from any and all liability for damage of any kind, which may at any time result me, my heirs, family or associates, arising out of, or by reason of, compliance with this request.

Investigation Discovery Waiver:

Pursuant to NAC 284.718 and NAC 284.726, confidentiality is imperative. Therefore, I hereby waive, without reservation, any right I may have, now or in the future, to examine, review or otherwise discover the contents of this background investigation and all related documents thereto. This waiver shall apply to any right of action of any nature whatsoever that may occur to me, my heirs, or my personal representative(s).

Dated this _____ day of _____ 20____

Signature of Person Waiving Rights

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

Signature of Notary

Notary Public in and for the county of:

State of _____ Notary Seal

PROHIBITION of HARASSMENT TRAINING
ACKNOWLEDGEMENT

I, _____ hereby acknowledge that I have received
(Print Name)

training in, and have been given a copy of, the City of Carson City's "Prohibition of Harassment" policy and acknowledge that it is my responsibility to read, understand and strictly adhere to the policy. I understand that if I have any questions about the policy, its intent, or my rights and responsibilities expressed in the policy I should contact my Department Head or Human Resources.

I further acknowledge that violation of this policy will result in disciplinary action up to and including termination of employment.

Signature

Date

Department

Position