



EL PASO COUNTY SHERIFF'S OFFICE

VOLUNTEER PROGRAM APPLICATION



NAME OF APPLICANT

TELEPHONE NUMBER





(PRINT OR TYPE)

Application Checklist

(✓)

- _____ 1. Complete this Application Form as completely as possible
- _____ 2. Hand Deliver the entire package to:

Volunteer Program
 3850 Justice Drive
 El Paso, Texas 77938
 915/538-2116

*A thorough **background investigation** is conducted on applicants. Any adverse information you may have failed to reveal may cause this application to be rejected.

Accredited for Excellence



El Paso County Sheriff's Office
 PO Box 125
 El Paso, Texas 79941-0125



I. General Information

1. Date of Application	2. First Name	M.I.	Last Name	3. Social Security Number:
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4. Residence Address: *(PRINT OR TYPE)*

Number & Street	City	State	Zip
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5. Telephone Numbers:

Home (Evening)	Work (Day)	Cell	Other Phone
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6. Birth Date	7. Mother's Maiden Name
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8. Driver's License Number: State:	8. <input type="checkbox"/> Male	19. Are you presently employed?
	<input type="checkbox"/> Female	<input type="checkbox"/> Yes (go to #10) <input type="checkbox"/> No (go to #11)

10. Name of Employer:	Address	Supervisor	Your Position
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11. Previous Employment Name of Employer:	Address	Supervisor	Your Position
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12. Previous Employment Name of Employer:	Address	Supervisor	Your Position
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13. Education Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12

14. Degrees	Institutions	Areas of Study (Majors)
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15. Certifications/Special Qualifications

16. Languages Spoken:

17. Have you ever been arrested or detained or summoned to court, or do you have any pending charges or warrants in this or any jurisdiction?

Yes, Explain: _____ No

18. Legal Status U.S. Citizen Naturalized Citizen Dual Citizen



EL PASO COUNTY SHERIFF'S OFFICE APPLICATION

(PRINT OR TYPE)





(PRINT OR TYPE)

II. Assignment Information

1.	Do you have volunteer experience? <input type="checkbox"/> Yes, Explain: <input type="checkbox"/> No
2.	What type of volunteering would you like to do in the Sheriff's Office?
3.	What special skills or qualifications do you wish to contribute to the Sheriff's Office?
4.	Where would you like to volunteer <input type="checkbox"/> Downtown Jail <input type="checkbox"/> CID <input type="checkbox"/> Headquarters <input type="checkbox"/> Jail Annex <input type="checkbox"/> Academy <input type="checkbox"/> Special Operations
5.	What days are you available?: <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri What time of day? <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons





(PRINT OR TYPE)

III. References

Please list the names, addresses, and telephone numbers of three people in the El Paso area who are not relatives.

1. Name	Address	Telephone	Relationship to you
<i>Official use only.</i>			
2. Name	Address	Telephone	Relationship to you
<i>Official use only.</i>			
3. Name	Address	Telephone	Relationship to you
<i>Official use only.</i>			

IV. Medical History

1. Do you have any medical or physical condition that would affect or limit your ability to perform as a volunteer?	<input type="checkbox"/> Yes, Explain	<input type="checkbox"/> No		
2. How would you describe your health at this time?	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
3. Have you ever experimented with, used, or do you now use, any prohibited drugs, narcotics, marijuana, LSD, or other Hallucinogens?	<input type="checkbox"/> Yes, Explain	<input type="checkbox"/> No		





(PRINT OR TYPE)

4. Have you ever been hospitalized for a psychiatric or emotional condition or disturbance?

Yes, Please list dates, name and address of treating physician, and explain the circumstances: No

5. Are you presently taking any prescribed medication?

Yes, Please list the types and names of the medications and the condition for which the medication is prescribed: No

6. List All Specific EMS or Medical Condition Warnings

V. Emergency Information

1. **Person to notify in an emergency**

Name	Address	Telephone	Relationship to you
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2. **Doctor and Hospital**

Doctor's Name	Address	Telephone	Hospital Preference
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(PRINT OR TYPE)





V. Authorization For Release Of Personal Information

I have reviewed this completed personal history statement and I believe it to be true and correct to the best of my knowledge and recollection. I understand that willfully withholding information or making false statements concerning this personal history statement will be basis for rejection or termination of my service as a volunteer with the El Paso County Sheriff's Office.

I also understand that after I have turned in this personal history statement, I must inform the Sheriff's Human Resources Section immediately of any changes or updates of information contained in this statement. Failure to do so could be basis for rejection of my application or termination of my service with the El Paso County Sheriff's Office.

I also do hereby authorize a review and full disclosure of all records concerning me to any duly authorized agent of the El Paso County Sheriff's Office, whether the said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for a full and complete disclosure of the records of educational institutions; financial or credit institutions including records of loans, the records of commercial and retail credit agencies, credit reports and ratings, and other financial statements and records wherever filed. Employment and pre-employment records including background reports, efficiency ratings, complaints, or grievances filed by or against me; and the records and recollections of any person who may have any record or recollection of me.

I understand that any information obtained through a personal history background investigation that is developed directly or indirectly, in whole or in part, based upon this authorization will be considered toward the determination of my suitability for service as a volunteer with the El Paso County Sheriff's Office.

I certify that any person(s) who may furnish such information concerning me shall not be held liable for giving this information; and I do hereby release said persons from any and all liability, which might otherwise be incurred as a result of furnishing such information.

A copy of this release form will be valid as an original thereof, even though such copy does not contain an original writing of my signature.





(PRINT OR TYPE)

Signature

Date

Address

Printed Name

County of El Paso

Sworn and subscribed by for me this _____ day of _____, _____.

(Notary Seal)

Notary Public for El Paso County, Texas

My Commission Expires: _____

