

Richland County Sheriff's Department
Youth Arbitrator

APPLICATION FOR VOLUNTEER

DATE: _____

PLEASE PRINT CLEARLY IN INK

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone # (_____) _____ Cell # (_____) _____

E-Mail: _____

Employer: _____

Work Telephone # (_____) _____

If you have worked under another name, please indicate: _____

Are you a U.S. Citizen? _____ If NO, Visa type _____

Immigration Number _____

Date of Birth: _____ Sex: _____

Social Security #: _____

Do you possess a valid South Carolina Driver's License? _____

Driver's License #: _____ Date Issued: _____

Do you possess a driver's license issued by another state? _____

If yes, give STATE & License #: _____

Marital Status: _____ Name of Spouse: _____

Children Name/Age: _____

In case of an **emergency**, contact information:

Name: _____ Relationship: _____

Day Phone # (_____) _____ Evening Phone # (_____) _____

Name: _____ Relationship: _____

Day Phone # (_____) _____ Evening Phone # (_____) _____

CRIMINAL RECORDS

Name: _____

Have you ever been arrested? _____

If yes, give details: _____

Offense Charged: _____

Law Enforcement Agency: _____

Date of Arrest: _____ State: _____

Disposition: _____

Have you ever been convicted of a felony? _____

If yes, give details: _____

Have you ever been placed on probation? _____

If yes, give details: _____

Have you ever had any traffic violations? _____

If yes, explain: _____

Have you ever stolen anything? _____

If yes, explain: _____

Have you ever been court martialed or subject of disciplinary action while a member of the armed forces? _____

If yes, explain: _____

INFORMATION SHEET

Name: _____

List the time and days you are available to volunteer: _____

Will this be a set date or may it vary? _____

Please explain: _____

Subject(s) of greatest interest to you: _____

Subject(s) of least interest to you: _____

List areas of Sheriff's Department you would like to volunteer? _____

List areas of Sheriff's Department you do not wish to volunteer? _____

Do you have reliable transportation? _____

Have you had any training or formal education in Law Enforcement or related field? _____

List any special skills, training, interests, experiences or hobbies you feel would benefit our organization: _____

List equipment or office machines you can operate: _____

INFORMATION SHEET

Name: _____

Can you provide any professional training or services to Richland County Sheriff's Department Employees: _____

Indicate Languages you speak: _____

Do you have any allergies or physical conditions that may affect your volunteer work? _____

What would you like to gain from this volunteer experience? _____

Potential Areas to Volunteer

- | | |
|----------------------------------|---|
| CID - Calling Victims _____ | Mounted Posse _____ |
| CID - Pawn Shop Matches _____ | Photography/Video _____ |
| Community Action Team _____ | Project H.O.P.E. (Helping Our Precious Elderly) _____ |
| Computer Technology _____ | School Resource Division _____ |
| Alias Data Base _____ | Training Division _____ |
| Data Entry _____ | Regional Headquarters _____ |
| Intel/Crime Analysis _____ | Warrant Division _____ |
| Crisis-Auxiliary Manpower _____ | Website _____ |
| Gang Task Force _____ | Other ___Youth Arbitrator |
| Graffiti Removal _____ | |
| _____ | |
| Handicap/Expired Tag Patrol_____ | Other _____ |

Richland County Sheriff's Department

Please read the following statements; they constitute the conditions under which you would be volunteering at the Richland County Sheriff's Department should you be accepted as a volunteer.

- I certify that all information that I have provided on this application is true and complete to the best of my knowledge. Any misrepresentation, or omission of facts called for in this application may result in denial of a volunteer opportunity or dismissal from the volunteer program.
- I understand that if I am selected as a volunteer, I am devoting my time to the Richland County Sheriff's Department on a purely voluntary basis and primarily for my own benefit. I am serving with no contemplation of compensation for my services. I understand that my volunteer assignment can end at anytime without notice or cause.
- If, as a volunteer, I agree to abide by all of the Richland County Sheriff's Department policy and procedures, I give Richland County Sheriff's Department permission to investigate all pertinent information and references concerning my volunteer application, to include a Driver's License and a Criminal Background Check. I hereby release said employers, companies, schools, or persons from all liability for any damage, both legal and otherwise for issuing information. If selected I agree to be fingerprinted.
- If selected as a volunteer, I hereby release the Richland County Sheriff's Department from all losses damages, and claims of any kind arising out of my negligence or misconduct.
- If selected as a volunteer I agree to maintain the confidentiality of all privileged information to which I am exposed while serving as a volunteer. I also acknowledge that failure to maintain confidentiality would be cause for termination of volunteer status.

SIGNATURE OF APPLICANT

PRINTED NAME OF APPLICANT

DATE