



LAKE COUNTY SHERIFF'S DEPARTMENT

1220 Martin Street • Lakeport, California 95453

Administration
(707) 262-4200

Central Dispatch
(707) 263-2331

Coroner
(707) 262-4215

Corrections
(707) 262-4240

Patrol/Investigation
(707) 262-4230

Substation
(707) 994-6433

Rodney K. Mitchell
Sheriff / Coroner

VOLUNTEER APPLICATION

Name: _____
Last First Middle

Address: _____
Number Street Name City & State Zip Code

Mailing Address: _____
(If different than above address)

California Driver's License No.: _____

Sex: _____ Eye Color: _____ Hair Color: _____ Height: _____ Weight: _____

Social Security No.: _____ Birthdate: _____

Home #: _____ Work #: _____ Cell #: _____

Do You have prior military service? _____

What Branch? _____ Type of Discharge: _____

As an adult, have you ever been convicted of a misdemeanor or felony offense other than a minor traffic violation? Yes No

If yes, explain: _____

Education: Did you graduate from high school? Yes No

If no, highest grade completed: _____

Please describe the type of service you are interested in providing as a volunteer for the Lake County Sheriff's Department: _____

EXPERIENCE: List the positions you have held, including relevant volunteer experience. If you were employed under another name, write in the name by which you were known to your employer. If additional space is needed, attach a sheet of paper.

Dates of Employment and Salary Received	Job Title(s) and Duties Performed	Employer's Name, Address, Phone and Type of Business
From: _____ Month Year To: _____ Month Year Salary: _____ Number of Persons Supervised: _____	Job Title: _____ Hrs. per Week: _____ Job Duties: _____ _____ _____ Supervisor's Name: _____	_____ _____ _____ Reason for Leaving: _____ _____
From: _____ Month Year To: _____ Month Year Salary: _____ Number of Persons Supervised: _____	Job Title: _____ Hrs. per Week: _____ Job Duties: _____ _____ _____ Supervisor's Name: _____	_____ _____ _____ Reason for Leaving: _____ _____
From: _____ Month Year To: _____ Month Year Salary: _____ Number of Persons Supervised: _____	Job Title: _____ Hrs. per Week: _____ Job Duties: _____ _____ _____ Supervisor's Name: _____	_____ _____ _____ Reason for Leaving: _____ _____

REFERENCES: Give names and addresses of two people, not relatives, who have knowledge of your skills, experience and ability

Name	Address	Telephone Number

May we contact your present employer? Yes No

PLEASE ATTACH ANY ADDITIONAL INFORMATION TO YOUR APPLICATION WHICH YOU FEEL WILL HELP US IN OUR EVALUATION OF YOUR QUALIFICATIONS. BEFORE YOU RETURN YOUR APPLICATION TO US, CHECK YOUR APPLICATION TO MAKE SURE THAT IT IS CORRECT AND COMPLETE.

READ THIS STATEMENT BEFORE SIGNING – I HEREBY CERTIFY THAT ALL STATEMENTS MADE ON OR IN CONNECTION WITH THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT FALSE STATEMENTS WILL BE SUFFICIENT CAUSE TO EXCLUDE ME FROM CONSIDERATION FOR APPOINTMENT TO A VOLUNTEER POSITION WITH THE LAKE COUNTY SHERIFF'S DEPARTMENT.

SIGNATURE: _____ DATE: _____