

**MARIN COUNTY SHERIFF'S DEPARTMENT  
OFFICE OF EMERGENCY SERVICES  
VOLUNTEER APPLICATION**

(please print or type)

**PERSONAL INFORMATION**

NAME \_\_\_\_\_ NICKNAME(S) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ DOB \_\_\_\_\_ SEX, M \_\_\_\_\_ F \_\_\_\_\_

COMPLEXION \_\_\_\_\_ BUILD \_\_\_\_\_

POSITION APPLIED FOR \_\_\_\_\_ SSN \_\_\_\_\_

**NOTE:** In accordance with the Federal Privacy Act of 1974, disclosure of your SSN is voluntary. Your SSN will be used for identification purposes to ensure that proper records are obtained.

EMAIL ADDRESS \_\_\_\_\_

CITIZENSHIP (check all that apply):  US Citizen  Legal (non-US) Resident

**NOTE:** Although you may be asked to document legal residence in this country, US citizenship is not required.

*Whom do we contact in an emergency?*

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DAYTIME PHONE ( ) \_\_\_\_\_ EVENING PHONE ( ) \_\_\_\_\_

**LICENSES (fill in all that apply)**

**DRIVER**

STATE \_\_\_\_\_ NO. \_\_\_\_\_ CLASS \_\_\_\_\_

AUTO INSURANCE CO. \_\_\_\_\_ AGENT \_\_\_\_\_

**HAM RADIO**

CALL SIGN \_\_\_\_\_ CLASS:  Novice  Technician  General  Extra

**PILOT**

RATING \_\_\_\_\_ CERT. NO. \_\_\_\_\_

**OTHER LICENSES:**

**EDUCATION**

HIGH SCHOOL:  Graduated? If so:

School \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Year \_\_\_\_\_

COLLEGE	CITY	STATE	DEGREE	YEAR

**VIOLATIONS OF THE LAW:**

Have you ever been convicted of any crime (including driving while intoxicated)?  No  Yes:

MONTH/YEAR	OFFENSE	TYPE	COUNTY/STATE	DISPOSITION
		<input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor		
		<input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor		
		<input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor		

Within the last 5 years, have you ever been cited for a moving violation (ignore parking tickets), or were you ever involved as a driver in a motor vehicle accident?  No  Yes:

MONTH/YEAR	CITATION/ACCIDENT	Injury?	STATE

**EMPLOYMENT HISTORY**

May we contact your current employer?

<b>CURRENT EMPLOYER</b>	Business name	Title
Reason for leaving:	Address	Supervisor
Month/year started	City, State, ZIP	
	Phone # ( )	
<b>PREVIOUS EMPLOYER</b>	Business name	Title
Reason for leaving	Address	Supervisor
Month/year started	City, State, ZIP	
Month/year ended	Phone # ( )	
<b>PREVIOUS EMPLOYER</b>	Business name	Title
Reason for leaving	Address	Supervisor
Month/year started	City, State, ZIP	
	Phone # ( )	

**MILITARY SERVICE** (please list latest status)

- None  
 Army  Navy  USMC  USAF  USCG  
COMPONENT:  Active  Reserve  Nat'l Guard

HIGHEST RANK HELD: \_\_\_\_\_ SPECIALTY or MOS: \_\_\_\_\_

TYPE OF DISCHARGE:

- Honorable  Still in Reserve/Nat'l Guard  Other: \_\_\_\_\_

If still in Reserve/Nat'l Guard please list current unit and ph #:

WERE YOU EVER CONVICTED BY COURT-MARTIAL? (do not include Art. 15 nonjudicial):

- No  Yes — please list date, location and charge(s): \_\_\_\_\_

**VOLUNTEER HISTORY**

NOTE: You may exclude organizations that indicate race, color, religion, national origin, gender, disability, political affiliation, or other protected status.

ORGANIZATION		DATES (mo/yr)	
CITY/STATE		TITLE	
PHONE	(    )		
ORGANIZATION		DATES (mo/yr)	
CITY/STATE		TITLE	
PHONE	(    )		
ORGANIZATION		DATES (mo/yr)	
CITY/STATE		TITLE	
PHONE	(    )		

**CIVIC ORGANIZATIONS, current (or latest year, within last 5)**

NOTE: You may exclude organizations that indicate race, color, religion, national origin, gender, disability, political affiliation, or other protected status.

ORGANIZATION		DATES (mo/yr)	
CITY/STATE		TITLE	
PHONE	(    )		
ORGANIZATION		DATES (mo/yr)	
CITY/STATE		TITLE	
PHONE	(    )		
ORGANIZATION		DATES (mo/yr)	
CITY/STATE		TITLE	
PHONE	(    )		

**FOREIGN LANGUAGE SKILLS**

(language)	(check all that apply)
	<input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Fluent
	<input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Fluent
	<input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Fluent

**HEALTH STATUS**

Location of dental records (dentist, city, state): \_\_\_\_\_  
 \_\_\_\_\_

**I certify that all statements made in this application are true, and I agree and understand that any false statements or material omissions may disqualify me from service with the County of Marin. I authorize release of any and all information that the County of Marin may need to verify information on this application, including information of a confidential or privileged nature. I hereby release the County of Marin from any liability or damage which may result from furnishing the information requested.**

**Name (please print):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_