

CLEARANCE APPLICATION

VOLUNTEER APPLICATION CHECK	LIST			
NAME:				
ADDRESS:				_
PHONE HOME:		CDL:	EXP DATE:	_
CELL:		E-MAIL:		_
DATE OF BIRTH:/	/			
VOLUNTEER SPONSOR INFORMAS SPONSER: SPONSER INFORMATION:				
SPONSER INFORMATION:				
CHURCH VOLUNTEE	R			
WELLPATH (MEDICAL	L DEPARTME	ENT)		
OTHER: (PLEASE SPEC	CIFY)			

APPLICANT INFORMATION

Name:							
(Last)	(Last) (First)		(Middle)				
Current Address:							
City:			Zip:				
Date of Birth:	Social Sec #:			Blood Type:			
Hair Color:				/eight:	:		
Home Phone:	Cell Phone:	Cell Phone:		(S)			
Driver's License #							
Email Address:			_				
Secondary Email Address:							
_			_				
EMBLOWMENT INFO	DMATION						
EMPLOYMENT INFO	_						
Current employer:							
Employer address:							
Phone:	E-mail:		Position:				
City:	State:		ZIP Code:				
EMERGENGY CONTA	CT						
Name:							
Address:							
City:	State & Zip:	Phone:	Phone:				
Relationship:							
REFERENCES							
Please list three reference							
Full Name:		Relationship: _			_		
Address:		Phone:_					
Full Name:		Relationship:					
Address:							
					_		
Full Name		Dalationahin					
Full Name:							
Address:		Pnone:			_		
MILITARY SERVICE							
Branch:	From : Year	То:	Year				
	Type of Discharge:		-		_		
·							
BACKGROUND							
Have you ever been arrested	d? (No) (Yes- Explain)						
	/						
Has anyone you currently liv	e with or lived with in last 5	years been arrested or	currently serving time	in iail?	(No)	(Yes- Expla	
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Have you ever used drugs? (No) (Yes- Explain)
Are you or any family member related to or affiliated with gang members? (No) (Yes- Explain)
Have you ever been in trouble with law enforcement? Yes / No If yes, please discuss:
Have you ever been convicted of a misdemeanor or felony? Yes / No If yes, please discuss:
Are you on Probation? Yes/No If yes, Probation Officer's Name:
Are you on Parole? Yes/No If yes, Parole Officer's Name:
Any false statement, either verbal or written, may cause the applicant's name to be removed from the eligible list or be cause for immediate rejection and/or removal from clearance status.
I hereby authorize the Imperial County Sheriff's Office to initiate a background check prior to my approval as a volunteer.
Signature: Date:
OFFICIAL USE ONLY
APPLICATION DATE: APPROVED DATE: NAME ID #:
DATE: INITIALS:
ALL VOLUNTEER PERSONAL JACKETS MUST CONTAIN CHECK OFF: DOCUMENT: CDL CURRENT PRINTOUT—Copy Of Driver's License: LIVESCAN FINGERPRINTS- BACK GROUND: DATE SCANED