MESA COUNTY SHERIFF'S OFFICE VOLUNTEER APPLICATION

Thank you for your interest in donating your time and skills to our community.

Before completing this application, please consider the following about the Mesa

County Sheriff's Office's selection process:

In the Citizen's view, Volunteers within the Department represent the Sheriff, the Department, and the County Commissioners.

The Office has established personnel standards which are higher than encountered in most employment situations, this is also true in volunteer positions.

The higher standards are necessary because of the nature of the work and the legal obligations of the Sheriff.

While it is not our intent to discourage applicants, it is important that you understand why we require the level of personal information this application requests.

PLEASE PRINT IN INK. DO NOT TYPE. COMPLETE EVERY SECTION. IF QUESTIONS DO NOT APPLY TO YOU, WRITE N/A. IF MORE SPACE IS REQUIRED, FEEL FREE TO ATTACH A PAGE. ALL INFORMATION IS SUBJECT TO VERIFICATION. COMPLETE AND THOROUGH BACKGROUND CHECKS WILL BE A PART OF EVERY APPLICATION.

Again, Sheriff Rebecca Spiess and the members of the Sheriff's Office appreciate your interest and willingness to help us in our efforts toward partnerships between citizens and law enforcement for a better community.

SHERIFF REBECCA SPIESS

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RELEASE OF CLAIMS, INDEMNITY AGREEMENT AND COVENANT NOT TO SUE

I do hereby agree:

- 1. That I am aware that the work of the Mesa County Sheriff's Office is inherently dangerous and that I may be subject to the risk of death, personal injury, or damage to my property by accompanying and/or providing support to members of the Sheriff's Office during the performance of their official duties. I freely, voluntarily and with such knowledge, assume the risk or risks associated with such activities, including but not limited to: death, personal injury, property damage arising from or in any way connected with the use of weapons, unlawful acts or forcible resistance, law violators, or suspected law violators, assault, riot, breach of peace, fire, explosives, gas, electrocution, the escape of hazardous substances, or the sustaining of injury in any other way while engaged with the Mesa County Sheriff's Office in volunteer activities.
- 2. That I exempt and release Mesa County, its public officials and employees and their sureties, all members of the Mesa County Sheriff's Office and their sureties, and each of them from any and all liability, claims, demands, or actions or causes of actions whatsoever arising out of any damage, loss or injury to me or my property while accompanying members of the Mesa County Sheriff's Office during the performance of their official duties or while on the premises of the Sheriff's Office, whether such loss, damage, or injury results from the negligence of Mesa County, its public officials and employees and their sureties, any members of the Mesa County Sheriff's Office and their sureties and each of them, or from any other cause.
- 3. For myself, my heirs, personal representatives, executors, administrators and assigns to defend, indemnify and covenant not to sue the county of Mesa, its employees, any members of the Mesa County Sheriff's Office, sureties and each of them, against any and all manner of actions causes of actions, suits, debts, claims, demands, damages or liability or expenses of every kind of nature incurred or arising by reason of actual or claimed negligent and wrongful act or omission by me or by them while engaged in a volunteer activity or while accompanying any member or members of said Mesa County Sheriff's Office during the performance of their duties.

I hereby represent that I have carefully read and understand the content of this document and sign the same of my own free will.

CAUTION: READ THIS DOCUMENT BEFORE SIGNING,

Signature of Volunteer	Date
Coordinator of Volunteer Services	Date
EMERG	ENCY CONTACT INFORMATION
In Case of Emergency Please Notify:	
Name:	Phone:
Alternate:	Phone:
Volunteer Name:	Signature:
N	MESA COUNTY SHERIFF'S OFFICE VOLUNTEER APPLICATION

Name			Date of Birth:		
Social Security #		Home Phone: Work Phone:			
Address		E-Mail Address			
Height:	Weight:	Eye Color:	Hair Color:		
High School O		DUCATIONAL HISTORY: (Cle HoursCollege D		Program (specify please)	
Approx. Dates	Employer	WORK HISTORY	Job Ti	tle	
		WIY SH	ERICA		
Approx. Dates	Organization	VOLUNTEER HISTO	RY Tasks		
			1		
Please list <mark>fOU</mark> r r		REFERENCES east one employment or pro	fessional, that we may o	contact.	
Name	Mailing Address	City	State	Zip Code	
Phone	Na	Nature of Relationship			
Name	Mailing Address	City	State	Zip Code	
Phone	Nature of Relationship				
Name	Mailing Address	City	State	Zip Code	
Phone	Na	Nature of Relationship			
Name	Mailing Address	City	State	Zip Code	
Phone	Na	Nature of Relationship			

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DRIVERS LICENSE AND VEHICLE INFORMATION

Duivena Liaanaa #	DRIVI	Ctota of Laura & Fruitnet	
Drivers License #	licence reveled or or	State of Issue & Expirat uspended or been denied auto	
		sons, etc	
i yes, piease expiaili	moraumy dates, reas	50113, 610	
Do you own a car?	☐ Yes ☐ No	Have current auto insura	ance? ☐ Yes ☐ No
	_		
Please describe any (HEALTH AND MEDICAL INFOR	MATION al limitations which might affect your ability to
perform volunteer wo	ule.	s, cirrollic lillesses of physica	
· 			
Please describe vour	reasons for desiring	PERSONAL RESPONSE a volunteer position with the I	
riease describe your	Teasons for desiring	a volunteer position with the i	wesa county sherm's office.
	TRAF	FIC AND CRIMINAL ARREST IN	NFORMATION
	each occurrence for	r which you received a traffic o	or criminal summons and/or that you were
arrested:		.,	B. 14
Date Locat	ion Of	ffense	Disposition
		10,	I.C.
		A GHERIA	
	-	O COURT	O)
		45	<u>U</u>
Have you ever been a	defendant of a laws	CIVIL LITIGATION	to be sued? If you please detail below:
nave you ever been a	defendant of a laws	uit or received notice of claim	to be sued? If yes, please detail below:
	1		Pro-
	1	LIQUOR AND DRUG US	E
Please describe your	use of intoxicating li	iquor:	
			ot prescribed by your physician:
		Co.	0
		CONFIDENTIALITY RELEA	ASE
I agree to refr	ain from repeating to		e exception of adult members of my immediate
family, any confidenti	ial information obtain	ned while I am engaged as a vo	plunteer. Details concerning victims, suspects,
			anyone other than a current employee of the
			It member of my immediate family. In any case health or to carry out my volunteer assignment.
			m or the office would be cause for immediate
discharge from the vo		,	
Signature of Voluntee	r		Date
M.C.S.O. Staff Person	1		Date