

Please fill out page 1 and page 2 ("Volunteer Application"). This will auto import information into the rest of this document. If there is a portion that does not apply or is unknown, please write that in the space. Red boxes are required fields.

Today's Date:	
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Personal Information

First Name:	
Middle Name:	
Last Name:	

Please Select Primary and Secondary Phone

Home Phone Number:		Primary <input type="checkbox"/>	Secondary <input type="checkbox"/>
Cell Phone Number:		Primary <input type="checkbox"/>	Secondary <input type="checkbox"/>
Cell Phone Provider (AT&T, Verizon, etc.):			
Email Address:			

Street Address:	
City:	
State:	
Zip Code:	
County:	
Number of years at Current Address:	

Gender:	
Height:	
Weight:	
Hair:	
Eyes:	
Date of Birth:	
Driver's License Number:	
License Expiration Date:	
Social Security Number:	
Blood Type:	
City & State of Birth:	

Emergency Contact

Name:	
Relationship:	
Address:	
Phone Number:	
Any Special Instructions:	

Second Emergency Contact

Name:	
Relationship:	
Address:	
Phone Number:	
Any Special Instructions:	



Volunteer Application

Date: _____

Department Interested in Volunteering, If Known: _____

Last Name: _____ First Name: _____

Residence Address: _____

City _____ State _____ Zip _____

Home phone: _____ Driver's License No. _____

Emergency Contact Name: _____

Relationship: _____ Phone: _____

Are you under 18 years of age? _____

Have you ever been convicted of a crime? If so, for what and when? _____

Are you related by blood or marriage to any person presently employed by the County of Nevada? If yes, give name, relationship and department in which employed: _____

Highest grade completed: _____ College / Prof Degree: _____

Do you speak a second language? If so, which language? _____

What type of volunteer work are you interested in doing for the County? _____

Briefly describe your education and experience in work or volunteer settings.

Describe your skills (typing, computer, other) _____



Nevada County Sheriff's Search and Rescue New Applicant Checklist

Applicant Name:

Last

First

Middle

- Fill Out Volunteer Application
 NCSSAR New Member Information
Date Application Accepted: _____

Comments: _____

Background Checks

- Turned In Packet to Personnel
 Run Local Check
 Check 27 / 29 Information
 Livescan
 Photographs

Accepted Denied

Comments: _____

NCSSAR Interview

- Schedule Interview
Date of Interview: _____
 Sign OES form (Disaster Service Worker)

Accepted Denied

Comments: _____

Board Approval Process

Date of Review: _____

Accepted Denied

Comments: _____

NCSSAR Coordinator

- Notify Applicant
Date of Notification: _____
 ID Card Provided to Member
NCSO Coordinator: _____

Comments: _____

Volunteer Information Checklist

**Cleared
Fingerprinting Prior
to Working**

Check

Name _____

Department: _____

Date: _____

Origin/Reason for volunteering _____

Required paperwork the Human Resources Department needs prior to or on Volunteer's first day.

_____ Copy of driver's license

_____ Copy of Social Security Card or birth certificate

_____ Volunteer Acknowledgement

_____ Volunteer Application

_____ Sexual Harassment Brochure Date Volunteer Received: _____

_____ Sexual Harassment Notification Sign Off form

_____ Facts about Workers' Compensation Brochure Date Volunteer Received: _____

_____ Injury and Illness Prevention Plan Date Volunteer Received: _____

If Applicable: Use of County or private vehicle on County business requires Department Head approval.

_____ Use of Vehicles on County Business
Read attached Ordinance 1957 - Article 14 and sign above form if driving.

_____ Driver's Agreement

Please fill in date volunteer received and read information. Also, have the volunteer sign, print and date below.

Drug Free Workplace Policy Date volunteer Received: _____

I have received, and I understand it is my responsibility to read the above document(s) to understand its content. I further understand I can contact my supervisor if I have any questions.

Volunteer Signature _____

Volunteer Print Name _____

Date _____

ACKNOWLEDGMENT

(Volunteer)

I, _____ understand and agree that I am
volunteering my time, skills, and efforts, without expectation or right of compensation, to
the County of Nevada for the purpose of:

I hereby acknowledge that in performing the voluntary service described above I
am **not**, nor am I acting as, an employee of the County of Nevada or any other public
entity or agency.

SIGNED: _____

DATED: _____

Nevada County Sexual Harassment Notification

Employee's name _____
Please print

Sexual harassment in the workplace violates the provisions of the Fair Employment and Housing Act, specifically the Government Code Sections 12940 (a), (h), and (i).

I have received, and I understand it is my responsibility to read the above document(s) to understand its content. I further understand I can contact my supervisor if I have any questions regarding Nevada County's brochure prohibiting sexual harassment in the workplace.

Signature

Date

Nevada County Drug-Free Workplace Policy Notification

Employee's name _____
Please print

I have received and read Nevada County's Drug-Free Workplace Policy, Section P-9 of the Nevada County Personnel Code, adopted by Resolution No. 07-547.

Signature

Date

DISASTER SERVICE WORKER VOLUNTEER REGISTRATION

LOCAL AND STATE INFORMATION

Loyalty Oath under Code of Civil Procedure §2015.5 & Title 19, Div.2, Chap.2, Sub-Chap.3, §2573.1

TYPE OR PRINT IN INK:

SHADED AREAS REQUIRED BY PROGRAM REGULATIONS

ATTACH
PHOTOGRAPH
HERE

This block completed ONLY by Accredited Disaster Council, designated government agency or jurisdiction.

CLASSIFICATION: VOLUNTEER **SPECIALTY:** SEARCH AND RESCUE

REGISTERING AGENCY OR JURISDICTION: NEVADA COUNTY SHERIFF'S OFFICE

SIGNATURE OF AUTHORIZED PERSON: _____ **TITLE:** _____

REGISTRATION DATE: _____ **RENEWAL DATES:** N/A

EXPIRATION DATE: *N/A **DSW CARD ISSUED?:** **NO?** YES? #: N/A

PROCESSED BY: _____ **DATE:** _____ **TO CENTRAL FILES:** _____

NAME: LAST		FIRST		MI		SSN:	
ADDRESS:				CITY:		STATE	ZIP:
COUNTY:				HOME PHONE:		WORK PHONE:	
PAGER:				E-MAIL:		DATE OF BIRTH: (optional)	
DRIVER LICENSE NUMBER: (if applicable)				DRIVER LICENSE CLASSIFICATION: A? B? C?		LICENSE EXPIRATION DATE:	
OTHER DRIVING PRIVILEGES:							
IN CASE OF EMERGENCY, CONTACT:						EMERGENCY PHONE:	
PHYSICAL IDENTIFICATION:	HAIR:	EYES:	HEIGHT:	WEIGHT: (optional)	BLOOD TYPE: (optional)		
COMMENTS:							

PARENT/LEGAL GUARDIAN CONSENT FOR MINOR

As the parent or legal guardian of _____, a minor, I hereby give my full consent and approval for him/her to participate as a DSW volunteer. I understand there may be risks of serious bodily injury inherent in DSW volunteer activities, as well as in traveling and other related activities incidental to his/her participation, and I hereby assume these risks on behalf of him/her.

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE

Government Code (GC) §3108-3109:

Every person who, while taking and subscribing to the oath or affirmation required by this chapter, states as true any material matter which he or she knows to be false, is guilty of perjury, and is punishable by imprisonment in the state prison for two, three, or four years. Every person having taken and subscribed to the oath or affirmation required by this chapter, who, while in the employ of, or service with, the state or any county, city, city and county, state agency, public district, or disaster council or emergency organization advocates or becomes a member of any party or organization, political or otherwise, that advocates the overthrow of the government of the United States by force or violence or other unlawful means, is guilty of a felony, and is punishable by imprisonment in the state prison.

LOYALTY OATH OR AFFIRMATION (GC §3102) If SELF-CERTIFICATION approved by ADC, official's signature and title not required.

I, _____, do solemnly swear (or affirm) that I will support and defend the
PRINT NAME

Constitution of the United States and the Constitution of the State of California against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of California; that I take this obligation freely, without any mental reservations or purpose of evasion; that I will well and faithfully discharge the duties upon which I am about to enter. I certify under penalty of perjury, under the laws of the State of California, that the foregoing is true and correct.

Executed on _____ in _____, California.

DATE

City

COUNTY

SIGNATURE OF VOLUNTEER

DATE

SIGNATURE OF OFFICIAL AUTHORIZED TO ADMINISTER LOYALTY OATH

TITLE

*Registration for the active DSW Volunteer is effective for the period the person remains a member with that organization; for a volunteer registering for an intermittent or a single event, the expiration date is at the discretion of the Accredited Disaster Council but not to exceed one year. (See GC §3102)

**NEVADA COUNTY
SHERIFF'S OFFICE**



SHANNAN MOON

SHERIFF/CORONER
PUBLIC ADMINISTRATOR

IDENTIFICATION CARD INFORMATION FORM

Last Name: _____

First Name: _____

Position: SAR Volunteer

Date of Retirement: N/A

Sex: _____

Height: _____

Weight: _____

Hair: _____

Eyes: _____

DOB: _____

CDL: _____

OSN: N/A

Blood Type: _____

Date issued / Date Qualified: _____

.....
For Office Use Only:

Date Requested:

Card Issued: In Person / Mailed

Picture Updated:

Contact Info Updated in TMS:



NEVADA COUNTY SHERIFF'S SEARCH AND RESCUE, INC.

A California Non-Profit Corporation

New Member Information

(Please Print)

Name: _____

Home Phone: _____

Primary

Secondary

Cell Phone: _____

Provider: _____

Primary

Secondary

E-mail Address: _____

Primary means that this is the 1st phone number to call on a search callout.

Secondary means that this will be the next phone call made to reach you



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI (Code assigned by DOJ)

Authorized Applicant Type

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

Agency Authorized to Receive Criminal Record Information

Mail Code (five-digit code assigned by DOJ)

Street Address or P.O. Box

Contact Name (mandatory for all school submissions)

City State ZIP Code

Contact Telephone Number

Applicant Information:

Last Name

First Name Middle Initial Suffix

Other Name
(AKA or Alias) Last

First Suffix

Date of Birth Sex Male Female

Driver's License Number

Height Weight Eye Color Hair Color

Billing Number
(Agency Billing Number)

Place of Birth (State or Country) Social Security Number

Misc. Number
(Other Identification Number)

Home Address Street Address or P.O. Box

City State ZIP Code

Your Number: _____
OCA Number (Agency Identifying Number)

Level of Service: DOJ FBI

If re-submission, list original ATI number:
(Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

Employer Name

Mail Code (five digit code assigned by DOJ)

Street Address or P.O. Box

City State ZIP Code

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency LSID

ATI Number

Amount Collected/Billed