LANCASTER COUNTY SHERIFF'S OFFICE

VOLUNTEER RESOURCES

STATEMENT OF ELIGIBILITY

I, _____, by my signature below, do certify that as of the date indicated below, I am able to meet the following eligibility standards for volunteering with the Lancaster County Sheriff's Office.

THAT I:

(Please initial beside each statement as you read it)

1. Must be at least eighteen years of age.
2. Must be willing to contribute a minimum of 10 hours per month as a volunteer.
3. Have not committed a felony or misdemeanor involving the commission of an act contrary to the moral conscience of the general public.
4. Have not pleaded guilty to any felony or misdemeanor involving perjury of a false statement.
5. Have not received a dishonorable discharge from the Armed Services.
6. Have not tried, used, currently use or experimented with any drugs classified as controlled substances, with the exception of marijuana, while not under the care of a physician as described in Lancaster County Sheriff's Office Policy 910, Code of Conduct and Regulations.
7. Have not used, tried, or experimented with marijuana within the past 5 years.
8. Have not sold, offered for sale, induced or attempted to induce, another person in the use of illegal drugs.
9. Have not abused or misused prescription medication or alcohol.
10. Have not committed any serious undetected crimes for which an arrest was not made.

_____ _____

(Applicant's Signature) (Date)

Volunteer Resources Application

PERSONAL INQUIRY WAIVER: I authorize the Lancaster County Sheriff's Office to examine all records that are necessary to determine my character, reputation, arrest record, and criminal history. All information not otherwise a public record will remain confidential, and will be utilized solely for the evaluation of my qualifications and fitness to be assigned with the Lancaster County Sheriff's Office.

APPLICANT'S SIGNATURE: _____ **DATE:** _____

PERSONAL DATA

PLEASE CHECK ONE: ☐ MR ☐ MRS ☐ MS ☐ MISS

FULL NAME: _____

FIRST MIDDLE LAST

NICKNAMES/MAIDEN NAME: _____

RESIDENTIAL ADDRESS: _____
Number and Street Apartment

_____
City Zip Code

YEARS AT THIS RESIDENCE: _____ MAILING ADDRESS DIFFERENT? LIST BELOW

MAILING ADDRESS: _____

_____

EMAIL ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

DATE OF BIRTH: _____

PLACE OF BIRTH: CITY: _____ STATE: _____

SOCIAL SECURITY NUMBER: _____

DRIVER'S LICENSE NUMBER: _____ STATE: _____

SEX: ☐ MALE ☐ FEMALE

RACE: ☐ WHITE ☐ BLACK ☐ HISPANIC ☐ OTHER: _____

HEIGHT: _____ WEIGHT: _____ EYE COLOR: _____ HAIR COLOR: _____

HOUSEHOLD BACKGROUND

PLEASE LIST ALL PERSONS RESIDING IN YOUR HOUSEHOLD:

FIRST MIDDLE LAST	DOB	RELATIONSHIP

EDUCATIONAL BACKGROUND

GRADUATED:

☐ HIGH SCHOOL: _____ YEAR: _____

☐ COLLEGE: _____ YEAR: _____

DEGREE: ☐ ASSOCIATE ☐ BA/BS ☐ MA/MS ☐ PHD

MAJOR: _____

VOLUNTEER HISTORY

PLEASE LIST ANY PRIOR VOLUNTEER EXPERIENCE BELOW:

Agency/Group/Organization	Years

WHAT IS YOUR PRIMARY REASON FOR VOLUNTEERING WITH US?

_____

_____

_____

_____

HEALTH HISTORY

The questions contained in this section are utilized solely for background investigation purposes, and will remain strictly confidential.

HOW FREQUENTLY DO YOU CONSUME ALCOHOLIC BEVERAGES?

☐ DAILY ☐ WEEKLY ☐ MONTHLY ☐ SPECIAL OCCASIONS ☐ NEVER

WHEN ALCOHOLIC BEVERAGES ARE USED, HOW MANY DO YOU CONSUME? _____

HAVE YOU EVER TRIED, USED, OR EXPERIMENTED WITH MARIJUANA?

☐ NO ☐ YES

IF YES: NUMBER OF TIMES: _____ DATE LAST USED: _____

HAVE YOU EVER TRIED, USED, OR EXPERIMENTED WITH HEROIN?

☐ NO ☐ YES

IF YES: NUMBER OF TIMES: _____ DATE LAST USED: _____

HAVE YOU EVER TRIED, USED, OR EXPERIMENTED WITH COCAINE?

☐ NO ☐ YES

IF YES: NUMBER OF TIMES: _____ DATE LAST USED: _____

HAVE YOU EVER TRIED, USED, OR EXPERIMENTED WITH ANY OTHER ILLEGAL SUBSTANCE?

☐ NO ☐ YES

IF YES: NAME OF SUBSTANCE: _____

HAVE YOU EVER TRIED, USED, OR EXPERIMENTED WITH ANY OTHER CONTROLLED SUBSTANCE THAT WAS NOT PRESCRIBED BY A PHYSICIAN?

☐ NO ☐ YES

IF YES: NAME OF SUBSTANCE: _____

HAVE YOU EVER TRIED, USED, OR EXPERIMENTED WITH A PRESCRIPTION MEDICATION THAT WAS NOT PRESCRIBED FOR YOU?

☐ NO ☐ YES

IF YES: NAME OF MEDICATION: _____

HAVE YOU EVER TRIED OR USED A PRESCRIPTION MEDICATION, PRESCRIBED FOR YOU, WHEN IT WAS NOT MEDICALLY NECESSARY?

☐ NO ☐ YES

IF YES: NAME OF MEDICATION: _____

MILITARY HISTORY

HAVE YOU EVER SERVED IN THE ARMED FORCES? ☐ YES ☐ NO

ENLISTED FROM _____ to _____ BRANCH _____ RANK_____
Month/Year Month/Year

TYPE OF DISCHARGE: _____

REFERENCES

LIST YOUR MOST RECENT EMPLOYER:

_____
Business Name

_____
Address

_____
City State Zip Code

_____
Contact Name (Area Code) Telephone Number

LIST TWO PERSONAL REFERENCES WHO HAVE KNOWN YOU FOR AT LEAST FIVE (5) YEARS. **DO NOT INCLUDE RELATIVES.**

_____
Name

_____
Address

_____
City State Zip Code

_____
(Area Code) Telephone Number

_____
E-Mail Address Relationship to Applicant

REFERENCES (Continued)

_____
Name

_____
Address

_____
City State Zip Code

_____
(Area Code) Telephone Number

_____
E-Mail Address Relationship to Applicant

CRIMINAL HISTORY

HAVE YOU EVER (AS AN ADULT OR A JUVENILE) BEEN ARRESTED, DETAINED, OR QUESTIONED BY LAW ENFORCEMENT CONCERNING A CRIME?

☐ NO ☐ YES AND I HAVE ATTACHED A SHEET EXPLAINING THE INCIDENT(S), YEAR, STATE IN WHICH THE INCIDENT OCCURRED, AND RESULTING ADJUDICATION.

HAVE YOUR DRIVING PRIVILEGES EVER BEEN SUSPENDED, REVOKED, OR CANCELLED?

☐ NO ☐ YES AND I HAVE ATTACHED A SHEET EXPLAINING THE INCIDENT(S), YEAR, STATE IN WHICH THE INCIDENT OCCURRED, AND RESULTING ADJUDICATION.

HAVE YOU EVER RECEIVED (A) TRAFFIC CITATION(S)?

☐ NO ☐ YES AND I HAVE ATTACHED A SHEET EXPLAINING THE INCIDENT(S), YEAR, STATE IN WHICH THE INCIDENT OCCURRED, AND RESULTING ADJUDICATION.

HAVE YOU EVER COMMITTED A CRIME FOR WHICH YOU WERE NOT ARRESTED?

☐ NO ☐ YES AND I HAVE ATTACHED A SHEET EXPLAINING THE CRIMINAL ACTIVITY, YEAR, AND STATE IN WHICH THE CRIME WAS COMMITTED.

I affirm that this application contains no false statements, misrepresentations, or omissions; nor did I intentionally conceal any material that would knowingly make me ineligible. I further understand that at any time during my background investigation, should any information be discovered in this application which is not factual, I will be become ineligible for any volunteer position with the Lancaster County Sheriff's Office.

APPLICANT'S SIGNATURE: _____ DATE: _____

FOR OFFICIAL USE ONLY

Application Mailed: _____

Application Returned: _____

Background Completed: _____

Completed By: _____

Drug Procedures Mailed: _____

Results Received: _____ ☐ Pass ☐ Fail

Results Received: _____ ☐ Pass ☐ Fail

Oral Interview: _____

VOLUNTEER INTEREST FORM

NAME: _____

Please check the boxes which represent your current interests in the volunteer program.

- Citizens on Patrol ☐
- Community Events ☐
- Computer Technician ☐
- Crime Scene Unit ☐
- Data Entry ☐
- Bilingual Unit ☐
- Special Events ☐
- Records Unit ☐
- Research ☐
- Crime Prevention ☐
- Warrants Notification ☐

(Some Interest will require additional training.)

What other skills and/or experience do you possess that will benefit the Lancaster County Sheriff's Office?

_____

_____

_____

What do you expect to gain from volunteering with the Lancaster County Sheriff's Office?

_____

_____

_____

Volunteers are required to work a minimum of ten (10) hours per month. What day(s) and times are usually convenient for you?

_____

_____

If a position is available, do you have a specific location where you would like to volunteer?

_____