

TELLER COUNTY SHERIFF'S OFFICE

VOLUNTEER APPOINTMENT APPLICATION

PO Box 27

Divide, CO 80814

Position(s) applied for: VOLUNTEER APPOINTMENT	Today's Date:
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Instructions: **READ EVERY QUESTION CAREFULLY AND COMPLETE EVERY SECTION.** Answer every question. If a question does not apply to you, indicate with N/A. If you need additional space to respond to any section, go to page 7, or attach a sheet of paper with the written information.

All information is subject to verification. Any deliberate misstatements, misrepresentations or omissions by you are cause for *permanent* disqualification from Volunteer service. Any falsification discovered after you are a Volunteer is cause for immediate dismissal.

Applicants may be disqualified from Volunteer consideration if application is not fully completed according to instructions. This includes the completion and notarized signature portion of the "Background Waiver and Release" section on page 10.

**** PRINT IN INK – DO NOT TYPE ****

Last Name	First Name	Middle Name	Alias(es), Nicknames, Maiden Names, Other:
Present Mailing Address: (#, street, City, State, Zip Code)			Home Phone: Cell Phone:
Present Physical Address: (#, street, City, State, Zip Code)			Work Phone:
Email Address: Colorado Resident? Yes <input type="checkbox"/> No <input type="checkbox"/> U.S. Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>			Social Security #: Date of Birth: Place of Birth (City/State):
Are you legally entitled to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/> If hired, you will be required to furnish proof of your identity and eligibility to work in the U.S.			Have you worked for Teller County in the past? Yes <input type="checkbox"/> No <input type="checkbox"/> Dates: Department:
Are you able to perform the essential functions of the position for which you have applied? Yes <input type="checkbox"/> No <input type="checkbox"/>			Date available to begin service to County:

FAMILY

List in the order given, showing relationship (parents, spouses, siblings, significant others, steps, etc. Include all former spouses and other close personal relationships. If deceased, indicate next to their name. (Attach additional sheets as needed)

Father	Name: DOB:	Phone #:	Address: City, State, Zip:
Mother	Name: DOB:	Phone #:	Address: City, State, Zip:
Spouse or Significant Other	Name: DOB:	Phone #:	Address: City, State, Zip:
Brother(s)/ Sister(s)	Name: DOB:	Phone #:	Address: City, State, Zip:
Brother(s)/ Sister(s)	Name: DOB:	Phone #:	Address: City, State, Zip:
Step-Mother/ Step-Father	Name: DOB:	Phone #:	Address: City, State, Zip:
Others	Name: DOB:	Phone #:	Address: City, State, Zip:
Others	Name: DOB:	Phone #:	Address: City, State, Zip:

RESIDENCES

List all residences in the last ten (10) years, beginning with your current residence address. (Attach additional sheets as needed)

From: Month/Year	Street Address:	If Rental, Landlord name:
To: PRESENT	City/State/Zip	Landlord Address/Phone #
From: Month/Year	Street Address:	If Rental, Landlord name:
To:	City/State/Zip	Landlord Address/Phone #
From: Month/Year	Street Address:	If Rental, Landlord name:
To:	City/State/Zip	Landlord Address/Phone #
From: Month/Year	Street Address:	If Rental, Landlord name:
To:	City/State/Zip	Landlord Address/Phone #
From: Month/Year	Street Address:	If Rental, Landlord name:
To:	City/State/Zip	Landlord Address/Phone #
From: Month/Year	Street Address:	If Rental, Landlord name:
To:	City/State/Zip	Landlord Address/Phone #

EDUCATION/SKILLS

Circle the highest school grade completed: 9 10 11 12 GED (if GED – attach copy)

Name of School	Complete Address	Dates Attended		Graduated	
		From	To	Yes	No

HIGHER EDUCATION: List information below for all colleges or universities attended						
Name & Location of College	Dates Attended From To		Credit Hours	Major	Type of Degree	Year Received

Have you ever been suspended or expelled from any high school or post secondary school? Yes ☐ No ☐
If "yes", please explain (including school, date and circumstances):

Special Qualifications: List relevant skills, training, college courses & foreign languages which relate to the position applied for:

List any machines or equipment can you operate that relate to the position applied for:

List any professional licenses or certificates you hold:

Are you a State Certified Peace Officer in Colorado? Yes ☐ No ☐ Certificate # Date Issued:

Name and Location of Academy Attended: Date:

Are you a certified Peace Officer in any other state? Yes ☐ No ☐ State: Certificate # Date Issued:

Are you willing to undergo a physical examination, drug and/or alcohol test(s), psychological screening examination and/or a polygraph test if you are offered a volunteer position with the Teller County Sheriff's Office? Yes ☐ No ☐ if no, explain why:

WORK HISTORY

List **ALL** employment positions you have held for the past ten (10) years, beginning with your current or most recent job. Include part-time, temporary, voluntary, seasonal, self-employment and military positions. Account for any gaps in employment, including military service and any periods of schooling, unemployment or travel. If self-employed, give firm name and supply business references. Be reminded that resumes may be attached as a supplement to this information, but not as a replacement.

NAME OF EMPLOYER	JOB TITLE AND DUTIES
ADDRESS	
CITY, STATE, ZIP CODE	
SUPERVISOR(S)	REASON FOR LEAVING
DATES OF EMPLOYMENT (MO/YR): FROM TO	
PHONE #	

Were you ever discharged, asked to resign, furloughed, or put on inactive status for cause, or subjected to disciplinary action while with this organization? Yes ☐ No ☐ If yes, please explain circumstances:

Did you resign/quit after being informed your employer intended to discharge/fire you for any reason? Yes ☐ No ☐
If yes, please explain:

WORK HISTORY - continued

NAME OF EMPLOYER	JOB TITLE AND DUTIES	
ADDRESS		
CITY, STATE, ZIP CODE	DATES OF EMPLOYMENT (MO/YR): FROM TO	
SUPERVISOR(S)	PHONE #	REASON FOR LEAVING
Were you ever discharged, asked to resign, furloughed, or put on inactive status for cause, or subjected to disciplinary action while with this organization? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain circumstances:		
Did you resign/quit after being informed your employer intended to discharge/fire you for any reason? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain:		
NAME OF EMPLOYER	JOB TITLE AND DUTIES	
ADDRESS		
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Did you resign/quit after being informed your employer intended to discharge/fire you for any reason? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain:		
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SUPERVISOR(S)	PHONE #	REASON FOR LEAVING
Were you ever discharged, asked to resign, furloughed, or put on inactive status for cause, or subjected to disciplinary action while with this organization? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain circumstances:		
Did you resign/quit after being informed your employer intended to discharge/fire you for any reason? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain:		

VOLUNTEER SERVICE

From: Month/Year	Name of Employer	Job Title	Name of Supervisor
To: Month/Year	Employer Address/City/State/Zip		Employer phone number
Briefly describe your duties:			
Were you ever discharged, asked to resign or subjected to disciplinary action while with this organization? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, provide an explanation:			
From: Month/Year	Name of Employer	Job Title	Name of Supervisor
To: Month/Year	Employer Address/City/State/Zip		Employer phone number
Briefly describe your duties:			
Were you ever discharged, asked to resign or subjected to disciplinary action while with this organization? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, provide an explanation:			
From: Month/Year	Name of Employer	Job Title	Name of Supervisor
To: Month/Year	Employer Address/City/State/Zip		Employer phone number
Briefly describe your duties:			
Were you ever discharged, asked to resign or subjected to disciplinary action while with this organization? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, provide an explanation:			

AFFILIATIONS

Are you now, or have you ever been, a member of an organization, association, movement or group which advocates the overthrow of our constitutional form of government, or which has adopted the policy of advocating or approving the acts of force or violence, or which seeks to alter the form of government of the United States by unconstitutional means? Yes ☐ No ☐

If you answered YES to the above question, explain fully your affiliations:

MILITARY SERVICE

Although not required, please attach a copy of your DD214 Discharge Form

Have you served in the U.S. Armed Forces? Yes <input type="checkbox"/> No <input type="checkbox"/>	Branch of Service	Service #
Dates of Service: From / to / Type of Discharge:		
Are you a member of any Military Reserve or National Guard? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide details:		
Active Duty: Yes <input type="checkbox"/> No <input type="checkbox"/> Inactive Reserve: Yes <input type="checkbox"/> No <input type="checkbox"/> Standby: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Have you ever been the subject of a court-martial, judicial or non-judicial disciplinary action while in the Military, National Guard or Military Reserves? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide details:		

FINANCIAL

The management of personal finances is relevant to an individual's qualifications for a position with a law enforcement agency.

Have you ever filed for or declared bankruptcy? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide details:
Have any of your bills ever been turned over to a collection agency? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide details:
Have your wages ever been garnished? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide details:

FINANCIAL - continued

Have you ever been delinquent on any payments owed to any business, individual or government agency? Yes ☐ No ☐ If yes, please provide details:

LEGAL

Have you ever committed any undetected misdemeanor or felony type offense? Yes ☐ No ☐ If yes, please provide details below

Age at time	Crime(s) committed	Explanation of circumstances

Have you ever been arrested or convicted for any crime (including DUI, dismissed charges, plea agreements, deferred judgments and/or deferred sentences)? Yes ☐ No ☐ If yes, please provide details below

Date	Law Enforcement Agency	Location	Original Charge	Disposition

Have you ever been placed on court ordered probation as an adult Yes ☐ No ☐ If yes, please provide details below, including date(s), location(s) and reason(s):

Were you ever required to appear before a juvenile court for an act, which would have been a crime if committed by an adult?

Yes ☐ No ☐ If yes, please provide details below, including date(s), location(s) and reason(s):

DOMESTIC VIOLENCE

Have you **ever** been convicted of any crime that, by its nature, could be considered domestic violence? Yes ☐ No ☐

Have you **ever** pled guilty to any offense of which the basis of the original charge involved domestic violence? Yes ☐ No ☐

Are you now, or have you **ever** been subject to a court issued restraining order against an intimate partner or that partner's family?

Yes ☐ No ☐ If yes to any of the above, please provide explanation(s) below.

LITIGATION

Are you now, or have you ever been, the plaintiff or defendant of or named in any civil litigation, or received notice of claim or intent to be sued? Include any lawsuits or civil rights complaints against you while employed as a member of another police agency.

Yes ☐ No ☐ If yes, please explain fully below, including date(s), location(s) and reason(s):

LIQUOR/DRUG USE

Describe your use of intoxicating liquors:

Have you **ever** used marijuana, hashish, or a derivative of marijuana? Yes ☐ No ☐

If yes, how many times, and when was the last time?

Have you **ever** used any form or illegal drugs or narcotics (drugs not prescribed by your physician)? Yes ☐ No ☐

If yes, how many times, and when was the last time?

Have you **ever** used any form of marijuana or illegal drugs or narcotics while employed by a law enforcement agency? Yes ☐ No ☐

VEHICLE OPERATOR'S LICENSE INFORMATION						
Provide the following information concerning your vehicle operator's license(s) (Driver's, CDL, etc.)						
License Type		State of Issue		Expiration Date		License Number
Have you ever been denied issuance of a driver's license by any state, or have you ever had a driver's license suspended or revoked? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, provide details, including date(s), reason, length of suspension, etc.						
Have you been involved as a driver in a motor vehicle accident within the last five (5) years? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, provide approximate dates, charges, disposition, locations, etc. below						
Date	Investigating Agency	Offense/Charge	Disposition	Accident Location	Injury?	Yes No
						<input type="checkbox"/> <input type="checkbox"/>
						<input type="checkbox"/> <input type="checkbox"/>
						<input type="checkbox"/> <input type="checkbox"/>
						<input type="checkbox"/> <input type="checkbox"/>
TRAFFIC OFFENSE INFORMATION						
Complete the following for each occurrence that you received a summons, ticket or infraction notice (exclude parking violations). Include all traffic citations, occurrences as an adult and as a juvenile. Use a separate sheet of paper if needed.						
Date	Citing Policy/Military Agency	Offense / Charge		Disposition		
Are there any further comments you would like to make regarding your driving record? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide comments:						
Colorado Law requires operators and owners of motor vehicles to be covered by automobile insurance. Please list below the current liability insurance you have with your motor vehicle.						
Insurance Company		Address		Policy Number		Expiration Date
Have you ever been denied automobile insurance for any reason, other than failure to pay premiums? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain, providing company name, address, date and						
Additional space to provide for answers to application questions						

Why do you wish to be part of the Volunteer Service with the Teller County Sheriff's Office? And, why do you feel you are qualified for this Volunteer position for which you have applied?

APPLICANT CERTIFICATION

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this application is true and complete to the best of my knowledge. I understand that any false information, misrepresentations and/or omission may disqualify me from further consideration for a Volunteer position and may result in my dismissal if discovered at a later date. I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a decision. I release such persons and organizations from any legal liability in making such statements. I understand I may be required to successfully pass a physical examination, drug and/or alcohol screening examination, polygraph examination and/or a psychological screening examination. I hereby consent to a pre- and/or post-Volunteer service drug and/or alcohol screen as a condition of Volunteer service, if required. I understand that if I am extended an offer of Volunteer service, it may be conditioned upon my successfully passing a complete pre-Volunteer service physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I UNDERSTAND AND AGREE THAT NEITHER THIS APPLICATION, NOR ANY VERBAL STATEMENTS BY MANAGEMENT, NOR ANY SUBSEQUENT VOLUNTEER SERVICE CREATES AN EXPRESS OR IMPLIED CONTRACT OF VOLUNTEER SERVICE OR GUARANTEE OF VOLUNTEER SERVICE FOR ANY DEFINITE PERIOD OF TIME. I FURTHER UNDERSTAND AND AGREE THAT THE FIRST TWELVE (12) MONTHS OF VOLUNTEER SERVICE WITH TELLER COUNTY IS CONSIDERED AN INTRODUCTORY PERIOD AND THAT AN ELECTED OFFICIAL/DEPARTMENT HEAD MAY TERMINATE THE SERVICES OF AN INTRODUCTORY VOLUNTEER, WITHOUT CAUSE, IF IT IS DETERMINED THAT A NEW VOLUNTEER IS NOT SUITED TO THE POSITION AND ITS OVERALL RESPONSIBILITIES. I ALSO UNDERSTAND AND AGREE THAT, AS A VOLUNTEER, THIS IS NOT AN EMPLOYMENT RELATIONSHIP WITH TELLER COUNTY.

I have read, understand, and by my signature, consent to these statements.

Signature: _____ Date: _____

This application for volunteer service will remain active for a period of one (1) year from the date of receipt by Teller County Sheriff's Office.

(If a resume is required for the position, the application will be considered incomplete without the resume)

You may send an electronic copy of your application via fax or email, however

THE HARD COPY OF ORIGINAL APPLICATION, WITH ORIGINAL SIGNATURE, MUST BE SUBMITTED TO:

Teller County Sheriff's Office 11400 US-24 Divide, CO 80814

PHONE: (719) 687-9652 FAX: (719)-687-7927 EMAIL: Renee Bunting at buntingr@tellercounty.gov

YOU MUST ALSO SUBMIT THE FOLLOWING DOCUMENTS WITH YOUR APPLICATION:

Birth Certificate

Social Security Card

Driver's License

Automobile Insurance Card

College Degree(s) / Diploma(s) / Transcripts

And if applicable: POST Certificate Certified Copy of DD214 Marriage Dissolution(s) Name Change forms

Note: Resumes and other pertinent documents may be attached to this application





TELLER COUNTY SHERIFF'S OFFICE

Background Waiver and Release

To Whom It May Concern:

I hereby swear or affirm that my application (and resume) for Volunteer service contains no misrepresentations, falsifications, omissions, or concealment of material fact, and that all information and statements contained herein are true and complete to the best of my knowledge and belief. I am aware that all information and statements contained herein are subject to investigation; and should investigation disclose any misrepresentation, falsification, omission or concealment of material fact, my application may be rejected, my name removed from eligibility with the Teller County Sheriff's Office, Divide, Colorado, and I may be subject to discharge from Volunteer service based all or in part on such information statements.

I also hereby authorize any representative of the Teller County Sheriff's Office bearing this release, or a copy of it, within one year of its date, to obtain any information in your file pertaining to my employment, personnel records, professional standards / Internal Affairs records, criminal history records, driving records, military records and credit or educational records. This includes, but is not limited to, academic achievement records, personal history, performance reports, background investigations, polygraph examination results, any and all internal affairs investigations and disciplinary files which are deemed to be confidential and/or sealed. This also includes referenced information, whether written or verbal, from any current or past employers and educational institutions.

I hereby direct you to release this information upon request to the bearer. This release is executed with full knowledge and understanding that the information is for official use of the Teller County Sheriff's Office. Consent is granted to the Teller County Sheriff's Office to furnish the information described above to third parties in the course of fulfilling its official responsibilities. I further understand that I waive any right or opportunity to read or review any background investigation report prepared by the Teller County Sheriff's Office.

I hereby release you as custodian of such records, and any educational institution, consumer reporting agency, business establishment, or public entity including its officers, agents, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. (Colorado Revised Statute 8-2-114 provides immunity from civil liability for employers disclosing information under the provisions outlined in the statute).

Should there be any questions as to this request, you may contact me as indicated below.

Full Name (Print): _____

Current Address: _____

Home Phone #: _____ Work Phone #: _____ Cell Phone #: _____

Date of Birth: _____ Social Security Number: _____

Date: _____ Signature: _____

Signed under oath before me on this _____ day of _____, 20 _____

Notary Public