

Office of the Sheriff

Sheriff
Mike Ensminger



Undersheriff
Stan Bishop

VOLUNTEER APPOINTMENT APPLICATION

Instructions: READ EVERY QUESTION CAREFULLY. Print or type in black ink. Answer every question. If a question does not apply to you, indicate so by making an "N/A" within the appropriate place. Leave no question unanswered.

All information is subject to verification. Any misstatement, misrepresentation or omission by you is cause for disqualification from Volunteering. Any falsification discovered after you are a volunteer is cause for dismissal.

POSITION APPLIED FOR: VOLUNTEER APPOINTMENT

PERSONAL INFORMATION

1. Last Name:	Middle:	First:

2. Other names you have used or been known by (include maiden names & nick names).

3. Home address (list both mailing and street address if different).				
Numbers:	Street:	City:	State:	Zip

4. Phone numbers you can be reached at:			
Home Phone:	Work Phone:	Cell Phone:	Pager:
()	()	()	()

5. Date of Birth:	6. Social Security Number:	7. Place of Birth: City, State, County

8. Sex:	9. Are you authorized to work in the United States:	10. Height	11. Weight	12. Hair Color
M F	Yes No		Lbs.	

13. Eye Color	14. Scars, tattoos, or other distinguishing marks:

RESIDENCE

15. List all of your residences during the last 5 years (list no information prior to your 15th birthday). Begin with your most current residence.

Street Address	City, State, & Zip Code	Dates:	Name of landlord
		From: To:	
		From: To:	
		From: To:	
		From: To:	
		From: To:	
		From: To:	

LEGAL

16. Have you ever committed any undetected misdemeanor or felony type crimes?

YES () NO ()

If "yes" give the following information (exclude traffic violations):

Age at time	Crime(s) committed	Explanation of circumstances

17. If you have ever been arrested or convicted for any crime (excluding traffic citations), please give the following information: (include DUI's, dismissed charges, plea agreements, deferred judgments & sentencing)

Date	Police Agency	Original Charge(s)	Disposition

18. Have you ever been placed on court ordered probation as an adult?

YES () NO ()

If "yes" please give details (include when, where, and why).

19. 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 give details (include when, where, and why).

20. Are you now, or have you ever been involved as a plaintiff or defendant in any civil court action? YES () NO ()

If "yes" please give details (include when, where, and why).

MOTOR VEHICLE OPERATION

21. Driver's License Number: _____ **Expiration Date:** _____

Please list other states where you have been licensed to operate a motor vehicle:

22. Have you ever been refused a driver's license by any state? YES () NO ()

If "yes" please explain (include when, where and why).

23. Colorado Law requires operators and owners of motor vehicles to be covered by automobile insurance. Please list the current liability insurance you have with your motor vehicle.

Company	Address	Policy Number	Expiration Date

24. Please list all traffic citations (exclude parking violation) you have received within the last (3) three years.

Date	Citing Agency	Nature of Violation	Action Taken

25. Have you ever been involved as a driver in a motor vehicle accident within the last (5) years? YES () NO () If "yes" please give details for each accident.

Date	Investigating Agency	Circumstances	Injury or Non injury	
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

26. Has your driver's license ever been suspended or revoked? YES () NO ()

27. If there is anything you would like to comment about your driving record, please give details (include what, when, where, and why).

28. Have you ever been denied automobile insurance for any reason other than failure to pay premium? YES () NO () If "yes" please explain (include company name and address, date and reason).

29. Are you a past employee of Teller County? YES () NO ()
If "yes" please explain which department or division you worked in.

30. Are you willing to undergo a physical examination, drug or alcohol test, and a polygraph test if you are offered a position with the Teller County Sheriff's Office?
YES () NO ()

31. Are there any areas you feel you may be limited to perform physically? YES ()
NO () If "yes" please explain.

WAIVER

I HEREBY CERTIFY THAT ALL THE INFORMATION PROVIDED ON THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I ALSO UNDERSTAND THAT ANY FALSIFICATIONS, MISREPRESENTATION, AND / OR OMISSIONS OF INFORMATION MAY BE CAUSE FOR MY REJECTION AS A VOLUNTEER WITH THE TELLER COUNTY SHERIFF'S OFFICE.

BY SIGNING MY NAME BELOW, I AM AUTHORIZING TELLER COUNTY TO VERIFY ANY INFORMATION I HAVE PROVIDED ON THIS VOLUNTEER APPLICATION, INCLUDING AUTHORIZING COLLEGES AND OTHER EDUCATIONAL INSTITUTIONS TO RELEASE TRANSCRIPTS TO THE TELLER COUNTY HUMAN RESOURCES DEPARTMENT AND OR THE TELLER COUNTY SHERIFF'S OFFICE UPON RECEIPT OF A COPY OF THIS SIGNED DOCUMENT.

SIGNATURE OF VOLUNTEER

DATE SIGNED