

SHERIFF OF GARFIELD COUNTY

LOU VALLARIO

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Glenwood Springs, CO 81601
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106 County Road 333-A
Rifle, CO 81650
Phone: 970-665-0200
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Dear Prospective Volunteer,

This application and process provides us with a thorough evaluation of potential volunteers, and eliminates those who do not meet our criteria. If the volunteer applicant is going to be further investigated, that individual will be called and be made aware of the concerns. That individual will then have the opportunity to proceed with the process or stop the process at that time. Below is a list of requirements, the testing and interview process, disqualification factors and required documents to be submitted with this application.

Requirements:

- Must be able to perform all physical demands as required
- A citizen either by birth or naturalization
- A individual alien who is expressly authorized by ICE to be employed
- Must be able to communicate effectively (reading, writing, and speaking) in English
- All volunteer applicants should be aware of certain requirements that are inherent within the profession. These may be identified with character traits that include honesty, maturity, and self-discipline.

Testing and Interview Process:

- Oral Board Interview
- CVSA (Computer Voice Stress Analysis) Questionnaire and Interview
- Background Investigation
- Drug Screening

Required Documents to be submitted with this application:

- Social Security Card
- Driver's License
- Birth Certificate
- Proof of Vehicle Insurance

Disqualification Factors:

Volunteer applicants are advised that areas for disqualification from further consideration include, but are not limited to, the following: (Reasons for disqualification will not be disclosed or discussed.)

- Use of non-prescribed or illegal drugs, or abuse of prescription drugs
- Any felony conviction, some misdemeanor convictions, to include domestic violence charges
- Driving record unsatisfactory
- Outside activities which may be classified as a conflict of interest
- Revelation of assaultive behavior via background investigation or by admission of applicant
- Unsuccessful completion of any basic requirement

IN THE PRESENCE OF A NOTARY PUBLIC

PLEASE READ AND SIGN THE FOLLOWING VOLUNTEER APPLICANT STATEMENT OF ACKNOWLEDGMENT AND CONSENT TO RELEASE INFORMATION

I, _____, being duly sworn upon oath, state as follows:

I am presently an applicant for volunteer employment with the Garfield County Sheriff's Office, Glenwood Springs, CO. I fully understand that the Garfield County Sheriff's Office conducts a background investigation of all volunteer applicants who are being considered for a volunteer position with the Garfield County Sheriff's Office. This investigation may include, but is not limited to, an investigation of my past employment performance, financial stability, military history, driving record and character traits.

I hereby authorize any person who is contacted by the Garfield County Sheriff's Office personnel to release any information to the Garfield County Sheriff's Office pertaining to the background investigation including, but not limited to, records or information relating to my past employment performance, financial stability, education, driving records and character traits for use by the Garfield County Sheriff's Office in the consideration of my volunteer application for employment and for no other purpose.

I also understand that this volunteer application (any and all papers and other exhibits submitted by me or any person, government agency, former employer, private business, or any other individual or group of individuals in support and attached hereto) become upon submission to the Garfield County Sheriff's Office (in petition for volunteer employment) the property of the Garfield County Sheriff's Office, and cannot and will not be returned to me under any circumstance whatsoever.

I authorize the Garfield County Sheriff's Office to release any documents or information collected during the application process to any person or entity lawfully empowered to obtain such information or documents. Prior to releasing the information, the applicant will be notified of the request so that they may exercise their privacy interests.

I further agree to release and hold harmless any person releasing such information to the Garfield County Sheriff's Office from any and all liabilities or claims which I may have against that person arising out of lawfully releasing such information.

I further agree to release and hold harmless the Garfield County Sheriff's Office, it's elected officials, officers, agents and employees from any and all liability or claims which I may have arising out of the disclosure of such information to the Garfield County Sheriff's Office for use by the Garfield County Sheriff's Office in consideration of my volunteer application for employment and for such other purpose as may be related to any subsequent employment with the Garfield County Sheriff's Office.

This authorization for the release of information shall be valid for one year from the date hereof. Any release of claim or liability set forth herein shall survive the termination of the agreement.

I further certify that all statements made by me in completion of this volunteer application are, to the best of my knowledge and recollection accurate and true, and understand that any false answer (deceitfully made) or any fraud whatsoever constitutes a basis for rejection of the volunteer application with no further consideration, or if I am chosen as a volunteer and fraud and/or deceit is subsequently discovered, such fraud and deceit will become grounds for my immediate dismissal as a volunteer from the Garfield County Sheriff's Office.

I further acknowledge that I understand all volunteer employment with the Sheriff's Office is at will and the discretion of the Sheriff per Colorado State Statute 30-10-506.

This release, or photocopy of same, when presented by an authorized representative of the Garfield County Sheriff's Office will constitute my consent and authority to examine and obtain copies and abstracts of records and to receive statements and information regarding Fingerprint, Criminal history, Driving record, Military records, Credit report, Employment and personal references. This shall be done with full knowledge and understanding that the Garfield County Sheriff's Office may use, consider or disclose such information, statements, and records within the scope of their official duties and responsibilities.

I hereby release those concerned, their officers, agents, employees, and individuals from any and all liability for damages of whatever kind or nature that may at any time result to me on account of compliance or any attempt to comply with the authorization. I also hereby release from any and all liability resulting from the release of information any school, college or university and/or institution for training and learning, personal or developed references, and custodians of any medical and/or employment records.

This authorization is given in connection with a full background investigation being conducted relative to my volunteer application with the Garfield County Sheriff's Office.

Name: _____ Social Security # _____ Date of Birth _____
Address: _____ City _____ State _____ Zip _____

Signature: _____
(to be signed in the presence of a Notary Public) Date _____

Subscribed and sworn before me in the County of _____, State of _____ this _____ of _____ 20____.
Notary Public _____

SEAL

INSTRUCTIONS: Please read carefully before completing application.

1. Correctness, validity and content of your answers herein are subject to investigation.
2. Print or write legibly in blue or black ink. It is imperative that all information is accurate and up-to-date. Information on names, addresses, and references must be correct in order to process this volunteer application.
3. If a question or category is not applicable to you, write N/A.
4. Answer all questions completely.
5. If enough room isn't provided for you to answer the question completely, please use an additional sheet of paper.

Date: _____ Volunteer Position Applying For: _____

PERSONAL INFORMATION:

Last Name		First Name				Middle Name	
Street Address		City			State	Zip	
Mailing Address		City			State	Zip	
Home Phone		Cell Phone		Work Phone			
Email Address		Place of Birth: City				State	
Date of Birth	Eye Color	Hair Color	Height	Weight	US Citizen ____ Yes ____ No		
Lawful Permanent Resident-Alien #		Driver's License Number/Expiration				State	
Marital Status ____ Single ____ Married		If applicable, Maiden Name		Previous name, also known as (aka)			

SPOUSE'S INFORMATION: (IF APPLICABLE)

Last Name		First Name				Middle Name	
Maiden Name (if applicable)		Spouse's Occupation					
Place of Business		Business Address					
Business Phone		Cell Phone		Other Phone			
Email Address		Place of Birth: City/State			Date of Birth		

PERSONAL REFERENCES: (List 3 individual references, personal or professional, who have knowledge of you and your qualification.)

Last Name		First Name				Middle Name	
Street Address		City			State	Zip	
Mailing Address		City			State	Zip	
Home Phone		Cell Phone		Relationship			

Last Name		First Name		Middle Name	
Street Address		City		State	Zip
Mailing Address		City		State	Zip
Home Phone	Cell Phone		Relationship		

Last Name		First Name		Middle Name	
Street Address		City		State	Zip
Mailing Address		City		State	Zip
Home Phone	Cell Phone		Relationship		

RELATIVES:

During the course of the background investigation, persons who know you may be asked to comment on your suitability for the volunteer position for which you have applied. Inquiries will be confined to volunteer job-relevant matters. Please supply the following information.

MOTHER:

Last Name		First Name		Middle Name	
Street Address		City		State	Zip
Mailing Address		City		State	Zip
Home Phone	Cell Phone		Work Phone		

FATHER:

Last Name		First Name		Middle Name	
Street Address		City		State	Zip
Mailing Address		City		State	Zip
Home Phone	Cell Phone		Work Phone		

MOTHER-IN-LAW:

Last Name		First Name		Middle Name	
Street Address		City		State	Zip
Mailing Address		City		State	Zip
Home Phone	Cell Phone		Work Phone		

FATHER-IN-LAW:

Last Name		First Name		Middle Name	
Street Address		City		State	Zip
Mailing Address		City		State	Zip
Home Phone	Cell Phone		Work Phone		

FORMER Spouse(s):

Last Name	First Name	Middle Name	
Street Address	City	State	Zip
Mailing Address	City	State	Zip
Home Phone	Cell Phone	Work Phone	

LIST OF OFFSPRING : (Please indicate “son or “daughter” in the relationship box. List all whether natural, adopted, from another marriage, etc.

Last Name	First Name	Middle Name	
Street Address	City	State	Zip
Mailing Address	City	State	Zip
Home Phone	Cell Phone	Relationship	

Last Name	First Name	Middle Name	
Street Address	City	State	Zip
Mailing Address	City	State	Zip
Home Phone	Cell Phone	Relationship	

Last Name	First Name	Middle Name	
Street Address	City	State	Zip
Mailing Address	City	State	Zip
Home Phone	Cell Phone	Relationship	

EDUCATION:

Have you ever been suspended or expelled from any high school or post secondary school?
 Post-secondary schools include colleges and universities, graduate schools business or vocational schools.

_____ Yes _____ NO If yes, please explain (including school, date and circumstances): _____

List all schools you have attended, beginning with high school. During the background investigation, a review of your school records may be made.

Name of School	Location City/State	Dates of attendance
Major/Degree	Graduated _____ Yes _____ No _____ Other _____	
Name of School	Location City/State	Dates of attendance
Major/Degree	Graduated _____ Yes _____ No _____ Other _____	

Name of School	Location City/State	Dates of attendance
Major/Degree	Graduated <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other _____	

EMPLOYMENT/EXPERIENCE:

Beginning with your most current employment, list all jobs you have held in the past 5 years. Include all part-time, temporary, and voluntary work. Please list all periods of employment and unemployment in chronological order.

Name of employer	Dates of employment	
	Start	End
Employer's address	City	State zip
Employer phone number	Title or Duties	
Type of work	Reason for leaving	
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Voluntary <input type="checkbox"/> Military Service		
Supervisor's Name	Name you were known by	

Name of employer	Dates of employment	
	Start	End
Employer's address	City	State zip
Employer phone number	Title or Duties	
Type of work	Reason for leaving	
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Voluntary <input type="checkbox"/> Military Service		
Supervisor's Name	Name you were known by	

Name of employer	Dates of employment	
	Start	End
Employer's address	City	State zip
Employer phone number	Title or Duties	
Type of work	Reason for leaving	
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Voluntary <input type="checkbox"/> Military Service		
Supervisor's Name	Name you were known by	

Name of employer	Dates of employment	
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Employer's address	City	State zip
Employer phone number	Title or Duties	
Type of work	Reason for leaving	
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Voluntary <input type="checkbox"/> Military Service		
Supervisor's Name	Name you were known by	

Name of employer	Dates of employment	
	Start	End
Employer's address	City	State zip

Employer phone number	Title or Duties
Type of work <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Voluntary <input type="checkbox"/> Military Service	Reason for leaving
Supervisor's Name	Name you were known by

Would any problem result if your present or previous employer was contacted during the course of the background investigation?
 Yes No

If yes, when should contact be made? _____

If you have had no prior employment, please explain here: _____

Have you ever applied, successfully or unsuccessfully, for another position with any law enforcement agency?
 Yes No If yes, please provide the year, agency and check off the processes which you completed, and whether you were disqualified or hired.

Year	Agency	Written Test	Physical Agility Test	Oral Interview	Background	Polygraph	Medical Exam	Disqualified	Hired

LEGAL/GENERAL INFORMATION:

If you have ever been arrested, taken into physical custody, issued a misdemeanor citation (exclude traffic citations), or convicted of any crime, please give the following information. (The fact that your records may have been affected by a sealing, an expungement, a release, or a pardon has specific legal implications as to how you answer this question.)

Date	Agency/Location	Charge	Disposition

Please list any other crimes you have committed, REGARDLESS of whether stopped, arrested, and/or convicted, to include what, when, where, how and why.

Are you now or have you ever been involved as a defendant in any civil court action? YES NO
If yes, please give details to include when, where, name of court and circumstances.

Are you now, or have you ever been a member of any foreign or domestic organization, association, movement, or group of person that is, or was, totalitarian, fascist, communist, or subversive in nature, or which has adopted or expressed a policy of advocating or approving of the commission of acts of force or violence as a means to deny other persons their rights under the Constitution of the United States, or which seeks to alter the form of government of the United State by unconstitutional means?

YES NO If yes, identify the organization and explain fully. _____
