

Tulare County Sheriff's Department



Volunteer Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: () _____ E-mail Address: _____

Birth date: _____ Social Security No.: _____ CDL# / Exp. Date: _____

Are you a citizen of the United States? YES ☐ NO ☐ If no, are you authorized to work in the U.S.? YES ☐ NO ☐

Have you ever worked for this department? YES ☐ NO ☐ If so, when? _____

Have you ever been convicted of a felony? YES ☐ NO ☐

If yes, explain: _____

Are you currently employed? YES ☐ NO ☐ Occupation: _____

Employer: _____ Phone: () _____

Are you a retiree? YES ☐ NO ☐ If so, when? _____

Company name: _____

Are you a current student? YES ☐ NO ☐ Grade Level: _____

School Name : _____

Interests

Tell us which areas you are interested in volunteering:

Tulare County Sheriff's Department **Explorers:**

_____ Headquarters Explorer Post 355 _____ Orosi Explorer Post 355
 _____ Pixley Explorer Post 355 _____ Porterville Explorer Post 355

Tulare County Sheriff's Department **Chaplain Corps:**

_____ Detentions Chaplains _____ Operations Chaplains

Tulare County Sheriff's Department **Volunteers in Patrol:**

_____ Headquarters Substation _____ Orosi Substation
 _____ Pixley Substation _____ Porterville Substation

Tulare County Sheriff's Department **Search and Rescue:**

_____ Sheriff's Posse
 _____ Volunteer Search and Rescue
 _____ Aero Squadron

Submit Applications to:
 Tulare County Sheriff's Office
 833 S. Akers Street
 Visalia, CA 93277
 Attn: Personnel

Medical

Do you suffer from ANY disorder that would prevent you from DRIVING, WALKING SHORT DISTANCES, STANDING OR SITTING FOR A PERIOD OF TIME?

YES
☐

NO
☐

If yes, explain:

Emergency Contact

Full Name:

Last

First

Middle

Address:

Street Address

Apartment/Unit #

City

State

ZIP Code

Other Info - Special Skills – Qualifications

Summarize any other important information, special skills and qualifications you have acquired from employment, previous volunteer work, or through activities, including hobbies or sports:

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Military Service

Branch: _____ From: _____ To: _____

Rank at

Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads membership, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____