

Instructions to the Applicant

- Volunteers play a very important role within the Tulare County Sheriff's Department and may have access to privileged information based on the duties assigned. Due to the varying levels of access, it is the policy of this department to subject all candidates to a background investigation regardless, of pay status. Volunteer applicants must submit a completed application, personal history statement, notarized waiver and submit fingerprints through livescan at our records division.
- The information you provide in this Personal History Statement will be used in the background investigation to assist in determining your suitability for a volunteer position with the Tulare County Sheriff's Department.
- Type or neatly print, in ink, responses to all items and questions. If a question does not apply to you, write "N/A" (not applicable) in the space provided for your response. If you cannot obtain or remember certain information, indicate so in your response.
- If you need more space for any response, use the last page of this form (page 15) and identify the additional information by the question number.

Disqualification

There are very few **automatic** bases for rejection. Even issues of prior misconduct, such as prior illegal drug use, driving under the influence, theft or even arrest or conviction are usually not, in and of themselves, automatically disqualifying. However, *deliberate misstatements or omissions* can and often will result in your application being rejected, regardless of the nature or reason for the misstatements/omissions. In fact, the number one reason individuals "fail" background investigations is because they attempt to deliberately withhold or misrepresent job-relevant information from their prospective employer.

BOTTOM LINE: Be as complete, honest and specific as possible in your responses.

Disclosure of Medically-Related Information

In accordance with the U.S. Americans with Disabilities Act and the California Fair Employment and Housing Act, at this stage of the hiring process applicants are not expected or required to reveal any medical or other disability-related information about themselves in response to questions on this form, or to any other inquiry made prior to receiving a conditional offer of employment.

PERSONAL HISTORY STATEMENT – VOLUNTEER

SECTION 1: PERSONAL

1. YOUR FULL NAME			
LAST	FIRST	MIDDLE	
2. OTHER NAMES, INCLUDING NICKNAMES, YOU HAVE USED OR BEEN KNOWN BY			
3. ADDRESS WHERE YOU RESIDE			
NUMBER / STREET			APT / UNIT
CITY		STATE	ZIP
4. MAILING ADDRESS, IF DIFFERENT FROM ABOVE			
5. CONTACT NUMBERS			
HOME ()	WORK ()	EXT	OTHER () <input type="checkbox"/> CELL <input type="checkbox"/> FAX <input type="checkbox"/> PAGER
6. EMAIL ADDRESS			
HOME		BUSINESS	
7. Are you legally authorized for permanent employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If no, explain fully:			
8. BIRTH PLACE (CITY / COUNTY / STATE / COUNTRY)		9. BIRTHDATE	10. SOCIAL SECURITY NUMBER - -
11. DRIVER'S LICENSE		12. PHYSICAL DESCRIPTION	
NO.	STATE	EXP DATE	HEIGHT WEIGHT HAIR COLOR EYE COLOR

SECTION 2: RELATIVES AND REFERENCES

13. IMMEDIATE FAMILY

- Provide all applicable information in the spaces below.
- Mark "N/A" if a category is not applicable or if the individual is deceased.

<input type="checkbox"/> N/A	A. Spouse / Registered Domestic Partner			
NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL	
YEARS OF MARRIAGE	Is there, or has there been, a restraining or stay-away order in effect for this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No			

14. PERSONAL REFERENCES

List 3 people who know you well, such as social and family friends, and/or military acquaintances. **Do not include** relatives, employers, or housemates, or other individuals listed elsewhere.

A) NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND)				HOW LONG HAVE YOU KNOWN THIS PERSON?	
B) NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP

Initial this page to indicate that you have provided complete and accurate information: _____

PERSONAL HISTORY STATEMENT – VOLUNTEER

SECTION 2: RELATIVES AND REFERENCES *continued*

14. PERSONAL REFERENCES *continued*

	WORK PHONE ()	CELL PHONE ()	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	

C) NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE ()			
	WORK PHONE ()	CELL PHONE ()	EMAIL	
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND)				HOW LONG HAVE YOU KNOWN THIS PERSON?

SECTION 3: EDUCATION AND TRAINING

NOTE: You may be required to furnish transcripts or other proof to support all of your educational claims.

15. Do you have a high school diploma, GED, or California High School Proficiency Certificate? Yes No
16. Do you possess any training certificates relevant to the volunteer position you are applying for? Yes No
17. Have you **ever** applied as a volunteer to this or any other law enforcement agency (city, county, state or federal)? Yes No
- If yes, were you ever denied acceptance as a volunteer? Yes No

If you answered yes to **Questions 15 - 17**, explain (include school(s) and dates, certificate titles and dates obtained [attach copies of certificates], and agencies applied to including dates applied):

SECTION 4: EXPERIENCE AND EMPLOYMENT

18. JOB EXPERIENCE

- List **ALL** jobs you have had in the past **10 years**, including part-time, temporary, self-employment and volunteer. (Begin with your most current. If more space is needed continue on page 15, indicate the corresponding letter (18-M, etc.) for each explanation.)
- If you have military experience, including reserve duty, enter your military base, assignments, or unit of assignment.
- List **ALL** periods of unemployment in excess of 30 days.

A) NAME OF EMPLOYER OR MILITARY UNIT	FROM	TO
ADDRESS (NUMBER / STREET OR BASE)	SUPERVISOR	
CITY	STATE	ZIP
JOB TITLE	CONTACT NUMBER ()	EXT
DUTIES / ASSIGNMENTS	<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	

Initial this page to indicate that you have provided complete and accurate information: _____

PERSONAL HISTORY STATEMENT – VOLUNTEER

SECTION 4: EXPERIENCE AND EMPLOYMENT *continued*

18. JOB EXPERIENCE (Section A) *continued*

NAMES OF CO-WORKERS 1)	2)	REASON FOR LEAVING
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B) PERIOD OF UNEMPLOYMENT Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other	FROM	TO
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C) NAME OF EMPLOYER OR MILITARY UNIT			FROM	TO
ADDRESS (NUMBER / STREET OR BASE)		SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT
JOB TITLE		EMAIL		
DUTIES / ASSIGNMENTS			<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)	2)	REASON FOR LEAVING		

D) PERIOD OF UNEMPLOYMENT Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other	FROM	TO
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E) NAME OF EMPLOYER OR MILITARY UNIT			FROM	TO
ADDRESS (NUMBER / STREET OR BASE)		SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT
JOB TITLE		EMAIL		
DUTIES / ASSIGNMENTS			<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)	2)	REASON FOR LEAVING		

F) PERIOD OF UNEMPLOYMENT Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other	FROM	TO
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G) NAME OF EMPLOYER OR MILITARY UNIT			FROM	TO
ADDRESS (NUMBER / STREET OR BASE)		SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT
JOB TITLE		EMAIL		
DUTIES / ASSIGNMENTS			<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)	2)	REASON FOR LEAVING		

H) PERIOD OF UNEMPLOYMENT Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other	FROM	TO
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Initial this page to indicate that you have provided complete and accurate information: _____

PERSONAL HISTORY STATEMENT – VOLUNTEER

SECTION 4: EXPERIENCE AND EMPLOYMENT *continued*

18. JOB EXPERIENCE *continued*

I) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING	

J) PERIOD OF UNEMPLOYMENT Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other	FROM	TO
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K) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING	

L) PERIOD OF UNEMPLOYMENT Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other	FROM	TO
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SECTION 4: EXPERIENCE AND EMPLOYMENT *continued*

NOTE: Please read each question carefully. You must answer each question.

29. Have you ever been disciplined at work? (This includes written warnings, formal letters of counseling, reprimands, suspensions, reductions in pay, reassignments or demotions)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
20. Have ever you ever been fired, released from probation, or asked to resign from any place of employment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
21. Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
22. Have you ever quit without giving proper notice?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
23. Have you ever resigned in lieu of termination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
24. Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc.) by a co-worker, superior, subordinate or customer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
25. Were you ever the subject of a written complaint at work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
26. Have you ever been counseled at work due to lateness or absences?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
27. Did you ever receive an unsatisfactory performance review?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Initial this page to indicate that you have provided complete and accurate information: _____

PERSONAL HISTORY STATEMENT – VOLUNTEER

SECTION 4: EXPERIENCE AND EMPLOYMENT *continued*

NOTE: Please read each question carefully. You must answer each question.

28. Have you ever sold, released, or given away legally confidential information? Yes No

29. Have you ever called in sick when you were neither sick nor caring for a sick family member? Yes No
If yes, how many sick days have you used in the past five years which were not due to illness?

30. In the past three years, have you missed days or been late to work due to drug or alcohol consumption? Yes No
If yes, how often?

31. Has your work performance ever been affected by your use of alcohol or drugs? Yes No

WHEN?	NAME OF EMPLOYER
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32. In the past three years, have you been warned by an employer about your drinking or drug habits and their impact on your performance? Yes No

WHEN?	NAME OF EMPLOYER
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If you answered yes to any of **Questions 19–32**, explain (include when, where and circumstances). Indicate each corresponding number, if more space is needed continue your response on page 15:

SECTION 5: MILITARY EXPERIENCE

33. Are you required to register for the Selective Service? Yes No
If yes, have you registered? Yes No
If no, explain:

34. BRANCH OF SERVICE	35. DATES OF SERVICE From _____ To _____
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36. TYPE OF DISCHARGE: Entry Level Honorable General OTH (Other than Honorable) Bad Conduct Dishonorable
Re-entry Code (1–4) if applicable – refer to your DD-214:

37. Are you currently participating in one of the following? Military Reserve National Guard If checked, date obligation ends:

38. Have you ever been the subject of any judicial or non-judicial disciplinary action (such as, court martial, captain’s mast, office hours, company punishment)? Yes No

39. Were you ever denied a security clearance, or had a clearance revoked, suspended or downgraded? Yes No

If you answered yes to **Question 38 and/or 39**, explain (include dates and circumstances). Indicate each corresponding number, if more space is needed continue your response on page 15:

PERSONAL HISTORY STATEMENT – VOLUNTEER

SECTION 6: FINANCIAL RESPONSIBILITIES

- 40. Have you ever filed for or declared bankruptcy (Chapter 7, 11 or 13)? Yes No
- 41. Have any of your bills ever been turned over to a collection agency? Yes No
- 42. Have you ever had purchased goods repossessed? Yes No
- 43. Have your wages ever been garnished? Yes No
- 44. Have you ever been delinquent on income or other tax payments? Yes No
- 45. Have you ever failed to file income tax or cheated/lied on an income tax form? Yes No
- 46. Have you ever had an employment bond refused? Yes No
- 47. Have you ever avoided paying any lawful debt by moving away? Yes No
- 48. Have you ever defaulted on (failed to pay) a loan? Yes No
- 49. Have you ever borrowed money to pay for a gambling debt? Yes No
If yes, do you currently have any outstanding debts as a result of gambling? Yes No
- 50. Have you ever spent money for illegal purposes (e.g., illegal drugs, prostitution, purchase of fraudulent documents, etc.)? Yes No
- 51. Have you ever failed to make or been late on a court-ordered payment (e.g., child support, alimony, restitution, etc.)? Yes No
- 52. Have you written three or more bad checks in a one-year period? Yes No

If you answered yes to **Question 40–52**, explain (include when, where, and why). Indicate each corresponding number, if more space is needed continue your response on page 15:

SECTION 7: LEGAL

Disclosure of Convictions

You are required to disclose **any** criminal conviction(s) which has not been sealed or expunged by a court pursuant to law. As an applicant for government employment, you are also required to disclose a criminal conviction expunged under Penal Code Section 1203.4. Consult with an attorney before failing to disclose a criminal conviction, as deliberate or significant omissions will result in disqualification. If more space is needed continue on page 15, indicate the corresponding letter (53-E, etc.) for each explanation.

- 53. **Have you ever been convicted of any misdemeanor or felony in this or any other state or country?** Yes No

If yes, list all offenses, including those punishable under the Uniform Code of Military Justice:

If yes, explain each incident.

A) APPROXIMATE DATE	ARRESTING OR DETAINING AGENCY
CHARGE	
DISPOSITION OR PENALTY	
B) APPROXIMATE DATE	ARRESTING OR DETAINING AGENCY

Initial this page to indicate that you have provided complete and accurate information: _____

PERSONAL HISTORY STATEMENT – VOLUNTEER

SECTION 7: LEGAL *continued*
 53. MISDEMEANOR / FELONY CONVICTIONS (Section B) *continued*

	CHARGE
	DISPOSITION OR PENALTY

C) APPROXIMATE DATE	ARRESTING OR DETAINING AGENCY
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	CHARGE
	DISPOSITION OR PENALTY

D) APPROXIMATE DATE	ARRESTING OR DETAINING AGENCY
---------------------	-------------------------------

	CHARGE
	DISPOSITION OR PENALTY

- | | | |
|---|------------------------------|-----------------------------|
| 54. Have you ever been placed on court probation as an adult?..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 55. Were you ever required to appear before a juvenile court for an act which would have been a crime if committed as an adult? (You may answer "no" if your juvenile record has been sealed or expunged by the juvenile court.)..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 56. Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 57. Have the police ever been called to your home for any reason?..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 58. Have you or your spouse/partner ever been referred to Child Protective Services?..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 59. Have you ever been the subject of an emergency protective order/restraining order/stay-away order?..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 60. Have you settled any civil suit in which you, your insurance company, or anyone else on your behalf was required to make payment to the other party? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 61. Have you ever fraudulently received welfare, unemployment compensation, workers' compensation, or other state or federal assistance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 62. Have you ever filed a false insurance or workers' compensation claim?..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered yes to any of Questions 54–62, explain (include court case or document, dates, and circumstances). Indicate each corresponding number, if more space is needed continue your response on page 15:

PERSONAL HISTORY STATEMENT – VOLUNTEER

SECTION 7: LEGAL *continued*

63. UNDETECTED ACTS – PART 1

Within the past **seven** years **OR** at any time after you were first employed in law enforcement, have you ever committed any of the following misdemeanors?

A) Annoying / obscene phone calls	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B) Battery (use of force or violence upon another)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C) Brandishing a weapon (any type of weapon)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
D) Carrying a concealed weapon without a permit	<input type="checkbox"/> Yes	<input type="checkbox"/> No
E) Contributing to the delinquency of a minor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
F) Defrauding an innkeeper (not paying for food or room at a hotel/motel).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
G) Driving under the influence of alcohol and/or drugs.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
H) Drunk in public (being so intoxicated in a public place that you're not able to care for yourself)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I) Hit & run collision (no injuries).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
J) Hunting/fishing without a license	<input type="checkbox"/> Yes	<input type="checkbox"/> No
K) Illegal gambling	<input type="checkbox"/> Yes	<input type="checkbox"/> No
L) Impersonating a peace officer (pretending to be a police officer)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
M) Indecent exposure (including flashing or mooning)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
N) Joyriding (using a car or other vehicle without owner's permission)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
O) Petty theft (value up to \$400, including shoplifting/switching price tags)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
P) Possession of alcohol as a minor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Q) Possession of falsified or altered identification, including use of another person's id (for any reason).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
R) Possession of stolen property (including vehicles).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
S) Prostitution or soliciting a prostitute.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
T) Resisting arrest (including running from the police)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
U) Trespassing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
V) Vandalism (including "tagging," malicious mischief and/or property damage)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
W) Intentionally writing a bad check.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
X) Filing a false police report.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Y) Any other act amounting to a misdemeanor within the past seven years	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Initial this page to indicate that you have provided complete and accurate information: _____

PERSONAL HISTORY STATEMENT – VOLUNTEER

SECTION 8: MOTOR VEHICLE OPERATION *continued*

75. Have you ever been refused automobile liability insurance or a bond, or had them cancelled? Yes No

If yes, give reason. If more space is needed continue your response on page 15, indicate the corresponding number:

INSURANCE COMPANY

DATE
Month Year

ADDRESS (NUMBER / STREET / APT) CITY

STATE ZIP

Use this space for additional information you would like to include regarding your driving record.

SECTION 9: OTHER TOPICS

76. Have you ever been refused a permit to carry a concealed weapon? Yes No

77. Are you now, or have you ever been, a member or associate of a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability? Yes No

78. Do you have, or have you ever had, a tattoo signifying membership in, or affiliation with, a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability? Yes No

79. Since the age of 16, have you ever been involved in an anger-provoked physical fight, confrontation or other violent act? Yes No

80. Have you ever hit or physically overpowered a spouse or romantic partner? Yes No

If you answered yes to any of **Questions 76–80**, give details (include date(s) and circumstance(s). If more space is needed continue your response on page 15, indicate the corresponding number:

SECTION 10: CERTIFICATION

81. I hereby certify that I have personally completed and initialed each page of this form and any supplemental page(s) attached, and that all statements made are true and complete to the best of my knowledge and belief. I understand that any misstatement of material fact may subject me to disqualification; or, if I have been appointed, may disqualify me from continued volunteer activity.

SIGNATURE IN FULL

DATE

Initial this page to indicate that you have provided complete and accurate information: _____

