

FOR OFFICE USE ONLY: Entered C/P: _____ / To BG on _____, Clrd on _____, Rej on _____

**WASHOE COUNTY
SHERIFF'S OFFICE
CITIZENS CORPS
PROGRAMS**

SMART.
S.M.A.R.T.



VOLUNTEER APPLICATION

Indicate program(s) you are interested in: (submitting this application does not commit you to volunteering for any program.)
SMART **CHSC** **CERT** **RAT** How did you hear about us?: Web page ___ / TV ___ / Newspaper ___ / Email ___ /
Friend ___ / Other _____

Personal information:

Name (PRINT): _____
Last First Middle

Other Names (Maiden name, nickname etc): _____

Home/Street Address: _____

Mailing Address: _____

Home Phone Number: _____ Cell Phone Number: _____

Email Address: _____

Date of Birth (mm/dd/yy): _____ Place of Birth (city/state): _____

Are you a US Citizen: Yes ___/No ___ Social Security Number: _____
SS # will be redacted after background check is cleared

Please list any languages other than English that you are fluent in: American Sign Language Spanish Other: _____

Driver's License number: _____ State issued in: _____ Expires _____

Sex: Male ___/Female ___ Height: _____ Weight: _____ Hair color: _____ Eye color: _____

Do you have specific goals that you want to achieve as a volunteer? _____

Employment information:

Employer's Name & Address: _____

Work Phone Number: _____ Work email: _____

Position: _____ Reference: _____

Emergency contact information:

Emergency contact Name: _____ Relationship _____ Phone Number _____

Emergency contact address (Street, city, state, zip): _____

Skill Survey: Please indicate any skills or certifications you have that may be of use in our program.

GENERAL INFORMATION

Have you ever been arrested: ___ Yes ___ No

Have you ever been charged with a domestic violence offense? ___ Yes ___ No

If yes, please provide details on a separate sheet of paper, even if you were not convicted.

Do you have a Concealed Weapons Permit? ___ Yes ___ No

If yes, please provide the state in which the permit is held _____

Do you have military service? ___ Yes ___ No If yes, Branch: _____ Rank: _____

Type of Discharge: ___ Honorable ___ General ___ Medical ___ Less than Honorable

Retired? ___ Yes ___ No

AUTHORIZATION TO RELEASE INFORMATION

As a candidate for security clearance with the Washoe County Citizen Corps Programs (Citizen’s Academy, SMART, CHSC, CERT), I am required to furnish information for use in determining my qualifications and suitability. I realize that the Washoe County Sheriff’s Office will not release the information provided to them to any person, including myself. However, information may be released to another law enforcement agency pursuant to NRS 239B, Disclosure of Personal Information to Government Agencies. The information submitted to these agencies is confidential and will be used only for investigating my suitability for participation in the programs previously identified.

Toward this end, I authorize release of any and all information that you may have concerning me, including information of a confidential or privileged nature. I hereby authorize employers, friends, acquaintances, public agencies, and all others to furnish to the Washoe County Sheriff’s Office any and all information they may have concerning me.

I hereby release you, your organization, or others from liability or damage, which may result from furnishing the information requested. I further authorize that a photocopy of this form shall be for all intents and purposes as valid as the original. I authorize you to retain a copy of this form for your files.

CERTIFICATION AND PENALTY

I hereby declare that all statements and information provided to the Washoe County Sheriff’s Office in the Personal history Statement, as well as any other statements and information provided for my pre-employment background investigation or any other phase of my security clearance screening, are true and complete to the best of my knowledge and belief. I understand that any misstatement of material fact, willful omission of material fact, or willful deception will be cause for disqualification and rejection as a candidate for security clearance without appeal. I further understand that these aforementioned misstatements, omissions, or deceptions are also grounds for termination after security clearance, without notice and without any right of appeal.

SECURITY CLEARANCE INVESTIGATION DISCOVERY WAIVER

As a candidate to the Washoe County Citizen Corps Programs (SMART, CHSC, CERT), I recognize that an employing law enforcement agency has a legal as well as moral obligation to take every reasonable effort to ensure that persons provided security clearance by them as police officers or in other positions conform to the highest standards.

Therefore, I release and hold harmless the County of Washoe, the Washoe County Sheriff’s Office, and their officers, agents, or assigns, now and in the future, from any claim or damages in law of equity on behalf of myself, my heirs, and assigns, for their refusal to make available any and all of the information contained in the pre-employment investigation, including but not limited to, the identity(ies) of any person(s) and/or organization(s) which may have supplied information in the course of this investigation, as well as the substance of the information supplied.

I hereby, waive my right, now and in the future, to examine, review, and otherwise discover the contents of this investigation and all related documents thereto.

I hereby grant permission to the Sheriff to conduct an inquiry into my background to determine my suitability for appointments.

Dated this _____ day of _____, 20_____

Signature

Name Printed

Complete front and back of this application.

For **SMART, CERT, & CHSC:** fax to **325-6912**; or mail to: Citizen Corps Program, Washoe County Sheriff’s Office, 911 Parr Blvd, Reno, NV 89512; Applications can also be scanned and e-mailed to MPerry@washoecounty.us.