

Applicant  
Photo

# RIVERSIDE COUNTY SHERIFF'S DEPARTMENT

## DETENTION VOLUNTEER

### BACKGROUND CHECKLIST

Applicant's Name: \_\_\_\_\_ Bureau / Station: \_\_\_\_\_

Position: \_\_\_\_\_

Personal History Statement

CLETS / Volunteer Statement

Interview Form

Copy of California Driver's License

Volunteer Assignment Acknowledgement Form

Acknowledgment of At-Will Employment

☐ Acknowledgment Waiver

Notice of Confidentiality of Department  
Information

No Feedback Waiver

Volunteer Insurance Program Brochure  
Provided

Two Notarized Release and Waivers Certified

Volunteer Handbook Issued

Copy of Birth Certificate

Copy of Social Security Card

Live Scan Completed

Naturalization Documents N/A

### **PROGRAM COORDINATOR ONLY**

☐ Local / DMV Printouts

☐ Live Scan Results Received

☐ Investigative Report

Recommended for: ☐ **Approval** ☐ **Disqualification** ☐ **Disqualification Letter Sent**

Comments: \_\_\_\_\_

Background

Completed: \_\_\_\_\_

Printed Name

Signature

ID#

Date

Reviewed by: \_\_\_\_\_

Printed Name

Signature

ID#

Date

Manager's

Approval: \_\_\_\_\_

Printed Name

Signature

ID#

Date

# Riverside County Sheriff's Department

**CHAD BIANCO**  
**SHERIFF-CORONER**



## **DETENTION VOLUNTEER PACKET**

**PERSONAL HISTORY STATEMENT – Volunteer**

(Rev 03/2020)

## Instructions to the Applicant

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 Riverside County Sheriff's Department.

- It is your responsibility to complete this form and provide all required information.
- If you are filling out a printed copy of this form, neatly print in blue or black ink.
- You must respond 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 need more space for any response, use the last page of this form (page 19 & 20) 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 deliberately withhold or misrepresent job-relevant information from their prospective employer.

***BOTTOM LINE: You are responsible for providing complete, accurate, and truthful responses.***

### Disclosure of Medically-Related Information

In accordance with the U.S. Americans with Disabilities Act, the Genetic Information Nondiscrimination Act (GINA), and the California Fair Employment and Housing Act, applicants are not expected or required to reveal any medical or other disability-related information about themselves or their family members in response to questions on this form.

***I have read and I understand the above instructions.***

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# Riverside County Sheriff's Department

*Chad Bianco, Sheriff-Coroner*

## Personnel Bureau

16791 Davis Avenue • Riverside • California • 92518  
www.riversidesheriff.org

### VOLUNTEER BACKGROUND FORM

PLEASE TYPE OR PRINT CLEARLY

Date of Application: \_\_\_\_\_

Applicant for \_\_\_\_\_ Station: \_\_\_\_\_  
(Chaplain, Explorer, Station Volunteer, Citizen on Patrol Search & Rescue, Posse)

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Other Names (maiden, prior, aliases, nicknames) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ SSN \_\_\_\_\_  
Month/Day/Year

California Driver's License No. \_\_\_\_\_ Sex \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Hair color \_\_\_\_\_ Eye color \_\_\_\_\_

Address \_\_\_\_\_ Apt. \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cellular \_\_\_\_\_ E-mail Address \_\_\_\_\_

### EMERGENCY CONTACT

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

## MARITAL STATUS

☐ Single      ☐ Married      ☐ Separated      ☐ Divorced      ☐ Widowed

### IF DIVORCEOR SEPARATED:

Are your child support and/or alimony payments current?      ☐ Yes      ☐ No      ☐ N/A

If "No", please explain on the additional pages section.

## CITIZENSHIP

You must be a citizen of the United States or a permanent resident alien, who is eligible for and has applied for citizenship.

4. Place of Birth \_\_\_\_\_  
Country City State

5. Are you a U.S. Citizen?      ☐ Yes      ☐ No

6. If naturalized, what year and where did you become a citizen? \_\_\_\_\_

7. If you are a permanent resident alien, what is your registration Number? \_\_\_\_\_

8. Have you applied for U.S. citizenship?      ☐ Yes      ☐ No      ☐ N/A

9. If yes, when did you apply for citizenship? \_\_\_\_\_  
Mo./Yr.

## EDUCATION

10. I have a High School diploma      ☐ Yes      ☐ No

11. I have a G.E.D. or High School proficiency certificate.      ☐ Yes      ☐ No

12. I received my G.E.D./CHSP \_\_\_\_\_ from \_\_\_\_\_  
Mo. /Yr Name of school/testing center

13. I have a college degree(s). Graduation Date: \_\_\_\_\_ Major: \_\_\_\_\_

## DRIVING RECORD

14. Do you have a valid California driver's license? ☐ Yes - Expiration date \_\_\_\_\_ ☐ No

15. Has your license ever been suspended, restricted, revoked, or placed on probation?      ☐ Yes      ☐ No  
If "yes", explain when and why on the additional pages section.

16. Other than a parking ticket, how many tickets have you received in the past five years? \_\_\_\_\_  
Explain on the additional pages section.

17. Do you have any citations or parking tickets that are past due or pending?      ☐ Yes      ☐ No  
If "yes", explain on the additional pages section.

## DRIVING RECORD (continued)

18. Have you been involved as a driver in a traffic accident within the past five years? ☐ Yes ☐ No  
If "yes", explain on the additional pages section.
19. Do you currently have automobile insurance? ☐ Yes ☐ No
20. Insurance carrier \_\_\_\_\_ Policy No. \_\_\_\_\_

## FINANCIAL HISTORY

21. Have you ever had any debts/bills turned over to a collection agency? ☐ Yes ☐ No  
If "yes", explain on the additional pages section.
22. Have you ever had anything repossessed? ☐ Yes ☐ No  
If "yes", explain on the additional pages section.
23. Do you have any unpaid debts/bills that are past due?  
(i.e.: credit cards, mortgage/rent payments, automobile or student loans, medical bills, taxes, etc) If "yes" explain on the additional pages section. ☐ Yes ☐ No

## CRIMINAL HISTORY

24. Have you ever been detained, questioned, held on suspicion, fingerprinted or taken into custody by any law enforcement agency, for any reason other than minor traffic tickets? ☐ Yes ☐ No
25. Have you ever been a suspect in any law enforcement investigation? ☐ Yes ☐ No
26. Have you ever been charged with a crime? ☐ Yes ☐ No
27. Have you ever been arrested? ☐ Yes ☐ No
28. Have you ever been in jail? ☐ Yes ☐ No
29. Have you ever been arrested for a sex crime? ☐ Yes ☐ No
30. Have you ever been convicted or pled guilty to any crime? ☐ Yes ☐ No
31. Since you were 18 years old, have you ever shoplifted anything from a store? ☐ Yes ☐ No
32. Have you ever been involved in a fight? ☐ Yes ☐ No
33. Have you ever been involved in a domestic violence incident? ☐ Yes ☐ No
34. Have you ever been involved in or been accused of child abuse or neglect? ☐ Yes ☐ No
35. Have you ever committed or aided in the commission of a crime, detected, or undetected, not previously mentioned? ☐ Yes ☐ No

## CRIMINAL HISTORY (continued)

If you answered "yes" to any of the above questions, list on this page. Give more details on the additional pages section regarding "yes" answers.

Agency	Type of Crime	Mo/Yr	Details

36. ☐ No, I have not experimented with, tried, or come in contact with, any type of illegal drug or narcotic?

37. ☐ Yes, I have experimented with, tried, or come in contact with illegal drugs or narcotics?

Indicate with an "X", all drugs that you have experimented with, tried, or come in contact with from the list below. Experimentation includes, but is not limited to smoking, swallowing, tasting, inhaling, or injecting.

- |                                       |  |                                       |
|---------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Marijuana    | <input type="checkbox"/> Methamphetamine | <input type="checkbox"/> LSD          |
| <input type="checkbox"/> Hashish      | <input type="checkbox"/> Speed           | <input type="checkbox"/> Acid         |
| <input type="checkbox"/> Hashish oil  | <input type="checkbox"/> Crank           | <input type="checkbox"/> Mescaline    |
| <input type="checkbox"/> Cocaine      | <input type="checkbox"/> Crystal         | <input type="checkbox"/> Peyote       |
| <input type="checkbox"/> Crack        | <input type="checkbox"/> Barbiturates    | <input type="checkbox"/> Mushrooms    |
| <input type="checkbox"/> Rock         | <input type="checkbox"/> Black Beauties  | <input type="checkbox"/> Glue         |
| <input type="checkbox"/> Ice          | <input type="checkbox"/> Downers         | <input type="checkbox"/> Opium        |
| <input type="checkbox"/> Amphetamines | <input type="checkbox"/> Reds            | <input type="checkbox"/> Heroin       |
| <input type="checkbox"/> Crosstops    | <input type="checkbox"/> Quaaludes       | <input type="checkbox"/> Steroids     |
| <input type="checkbox"/> Whites       | <input type="checkbox"/> PCP             | <input type="checkbox"/> Other (List) |
| <input type="checkbox"/> Bennies      | <input type="checkbox"/> Sherms          | _____                                 |
| <input type="checkbox"/> Uppers       | <input type="checkbox"/> Angel Dust      | _____                                 |

If you checked any of the above drugs, give details below:

Type of Drug or Narcotic	Month & Year first used	Month & Year last used	Lifetime total times used

38. Have you ever used a prescription drug not prescribed for you? ☐ Yes ☐ No

39. Have you ever sold, provided, or given illegal drugs or narcotics to anyone? ☐ Yes ☐ No

40. Have you ever grown marijuana or manufactured any type of drug or narcotic? ☐ Yes ☐ No

41. Have you or anyone else ever injected an illegal drug or narcotic into your body? ☐ Yes ☐ No

## CRIMINAL HISTORY (continued)

42. Do you associate with any person who you suspect uses illegal drugs or narcotics? ☐ Yes ☐ No  
If you answered "yes" to any of the questions above, explain on the additional pages section.

43. When was the last time you were present where illegal drugs, narcotics, or other illegal substances were being used?

Month \_\_\_\_\_ Year \_\_\_\_\_ Type of location: \_\_\_\_\_

Circumstances: \_\_\_\_\_

## EMPLOYMENT

Please check appropriate options:

44. I am currently employed: ☐ Full-time ☐ Part-time

Name of employer: \_\_\_\_\_

Date of hire: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Job title: \_\_\_\_\_ Duties: \_\_\_\_\_

45. I am retired ☐

46. Unemployed – I have been unemployed since \_\_\_\_\_ I was last employed by \_\_\_\_\_

47. Have you ever been fired or asked to resign? ☐ Yes ☐ No

If "yes", explain what job, when and why on the additional pages section.

## MILITARY EXPERIENCE

48. Have you ever served in the military? ☐ Yes ☐ No

Branch: \_\_\_\_\_

Date of service from \_\_\_\_\_ to (EAOS date) \_\_\_\_\_

What type of discharge did you receive?

☐ Honorable

☐ Under other than Honorable Conditions

☐ Other \_\_\_\_\_

49. Are you active in the military reserve or National Guard? ☐ Yes ☐ No

50. Do you have military police training or experience? ☐ Yes ☐ No

51. Did you ever receive any judicial disciplinary action? (Court Martial, Article 15, Captain's Mast, Other) ☐ Yes ☐ No

If "yes", provide more details on the additional pages section.

52. Other than for security purposes, were you ever the subject of any other type of military investigation? ☐ Yes ☐ No

If "yes", explain the additional pages section.

## LAW ENFORCEMENT EXPERIENCE

53. Have you applied with the Riverside County Sheriff's Department before? ☐ Yes ☐ No  
If "yes", when and for what position(s) \_\_\_\_\_

54. What was the disposition of the application(s) \_\_\_\_\_

55. Have you applied with any other law enforcement agencies? ☐ Yes ☐ No  
If yes, list below. List additional agencies on additional pages section.

Agency	Year	Disposition

## VOLUNTEER EXPERIENCE

56. Have you ever volunteered at a Correctional Facility? Yes      No

Agency	Year	Disposition

57. Have you ever been terminated from a volunteer position? Yes      No

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

58. Have you ever volunteered at a local Church, Hospital, or Convalescent Home? Yes      No

- Month/Year \_\_\_\_\_ Where: \_\_\_\_\_ Duties: \_\_\_\_\_  
\_\_\_\_\_ Contact to Verify: \_\_\_\_\_
  
- Month/Year \_\_\_\_\_ Where: \_\_\_\_\_ Duties: \_\_\_\_\_  
\_\_\_\_\_ Contact to Verify: \_\_\_\_\_
  
- Month/Year \_\_\_\_\_ Where: \_\_\_\_\_ Duties: \_\_\_\_\_  
\_\_\_\_\_ Contact to Verify: \_\_\_\_\_

59. Why do you want to volunteer at a detention center? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## REFERENCES

Please provide references of persons not related to you.

30 \_\_\_\_\_ "

Name	Address	Phone #"
------	---------	----------

How do you know this person?" How long have you known this person?

40 \_\_\_\_\_ "

Name	Address	Phone #"
------	---------	----------

How do you know this person?" How long have you known this person?

50 \_\_\_\_\_

Name	Address	Phone #
------	---------	---------

How do you know this person? How long have you known this person?

I HEREBY CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND COMPLETE, AND I UNDERSTAND THAT ANY DISCREPANCIES, MISSTATEMENTS, OMISSIONS AND/OR FALSIFICATIONS WILL CAUSE MY NAME TO BE REMOVED FROM THE ELIGIBILITY LIST, OR BE CAUSE FOR DISMISSAL IF AN APPOINTMENT WAS MADE.

PRINTED NAME: \_\_\_\_\_

SIGNATURE IN FULL: \_\_\_\_\_

DATE: \_\_\_\_\_

[illegible]

[illegible]

# SHERIFF'S INMATE TRAINING & EDAUCATION BUREAU

## Volunteer Interview Form

Applicant's Name:\_\_\_\_\_ Station / Bureau:\_\_\_\_\_

Position:\_\_\_\_\_ Date:\_\_\_\_\_

### **Interviewing Personnel**

Name:\_\_\_\_\_

Rank:\_\_\_\_\_

Name:\_\_\_\_\_

Rank:\_\_\_\_\_

### **Interview Topics**

- Attendance and participation requirements
- Department standards (Criminal history, drug use, grooming, tattoos, etc.)
- Program requirements (Training, certifications, etc.)
- Unit / Bureau specific standards and requirements
- Miscellaneous discussion items or any additional questions

### **Interviewer's comments:**

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### **Recommendation**

Continue with processing

Disqualify – Provide brief synopsis in comments. (i.e. Criminal History, etc.)

Email or denial letter sent to the applicant by Program Coordinator

Sergeant approval to disqualify:

Sergeant:\_\_\_\_\_ ID:\_\_\_\_\_ Date:\_\_\_\_\_



**Riverside County Sheriff's Department**  
*Chad Bianco, Sheriff-Coroner*

**Personnel Bureau**

16791 Davis Avenue • Riverside • California • 92518  
www.riversidesheriff.org

**ACKNOWLEDGMENT WAIVER**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

You will undergo a rigorous, in-depth background investigation as a result of your application for a volunteer position with the Riverside County Sheriff's Department. In the event that your background investigation should uncover information that leads to a belief that you have or are engaged in illegal activities, we will notify the appropriate law enforcement agency for their continued investigation and possible prosecution.

I have read the above notice and understand that any information concerning criminal activity that I have participated in is NOT protected by any form of confidentiality, regardless of where the information came from. I understand that any information discovered about me during the background process, may be used against me in further criminal investigation and prosecution.

\_\_\_\_\_ **(Initial)**

It is required that your background investigator be notified of any changes to your status during the course of the background investigation. You must notify your investigator immediately. If you change your address, phone number(s), marital status, have any contact with a law enforcement or government regulatory agency, declare bankruptcy, or have any other changes in your status.

Failure to notify your investigator of any changes during the background investigation can be grounds to dismiss you from the hiring process.

Unreported law enforcement contacts will be cause for immediate disqualification.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# Riverside County Sheriff's Department

*Chad Bianco, Sheriff-Coroner*

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## Personnel Bureau

16791 Davis Avenue • Riverside • California • 92518  
[www.riversidesheriff.org](http://www.riversidesheriff.org)

### NO FEEDBACK WAIVER

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

I understand that this background investigation is done for **security purposes only**. It is to assess qualifications for this specific position and is no way to be construed as intended for any other purposes.

I understand that I will be given **NO FEEDBACK** or results other than being notified of "Passing" or "Not Passing." Also, I acknowledge that these records are Confidential and will be the property of the Riverside County Sheriff's Department and will not be made available to any other law enforcement agency or employer without a Personal Information Waiver signed by me.

IF I AM NOT RECOMMENDED FOR THIS POSITION, I understand that this means only that I do not meet the standards established for the position for which I have applied.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



RIVERSIDE COUNTY SHERIFF'S DEPARTMENT  
CHAD BIANCO, SHERIFF – CORONER

**RELEASE AND WAIVER**

TO WHOM IT MAY CONCERN:

Having made application for a volunteer position with the Riverside County Sheriff's Department, and desiring it to be informed as to my previous record and character, I hereby authorize any peace officer or other authorized representative of the Riverside County Sheriff's Department, bearing this release, or a copy of it, within one year of its date, to obtain any information in your files pertaining to my employment, credit, educational records and criminal history information; including but not limited to, academic, achievement, attendance, athletic, personal history, performance report, background investigation, polygraph examination results, credit report, any and all internal affairs investigations and disciplinary records, criminal justice reports/records, third party service (per California Civil Code 1786, et seq.), court records, copies of law enforcement reports, including those deemed to be confidential and/or sealed.

I also hereby authorize any peace officer or other authorized representative of the Riverside County Sheriff's Department, bearing this release of a copy of it, within one year of its date, to obtain any medical records or medical information in the files of my current or former employer(s) or any current or former physician(s) or both, which pertain to my employment.

I hereby direct you to release this information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the Riverside County Sheriff's Department.

Consent is granted for the Riverside County Sheriff's Department to furnish the information described above to third parties in the course of fulfilling its official responsibilities. I further understand that I waive any right or opportunity to read or review any background investigation report prepared by the Riverside County Sheriff's Department.

I hereby release you, as the custodian of such records, and any school, college, university, or other educational institution, hospital or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment including its officers, employees, or related personnel both individually and collectively, from any and all liability for damage of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any questions as to the validity of this release, you may contact me as indicated below.

**I understand that I have the right to receive a copy of this authorization and acknowledge that I have received a copy of it.**

FULL NAME: \_\_\_\_\_  
Print

FULL NAME: \_\_\_\_\_  
Signature

DATE: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_  
Street Apt/Unit City Zip

TELEPHONE NUMBERS: \_\_\_\_\_  
Daytime Evening

**NOTARIZATION REQUIRED TO COMPLY WITH CALIFORNIA GOVERNMENT CODE SECTION 1031.1**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document, to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California, County of \_\_\_\_\_

On \_\_\_\_\_, before me, \_\_\_\_\_  
Date Name, Title of Officer – eg., "Jane Doe, Notary Public"

personally appeared \_\_\_\_\_

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

**I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.**

WITNESS my hand and official seal.

Signature \_\_\_\_\_ (Seal)



RIVERSIDE COUNTY SHERIFF'S DEPARTMENT CHAD  
BIANCO, SHERIFF – CORONER

**RELEASE AND WAIVER**

TO WHOM IT MAY CONCERN:

Having made application for a volunteer position with the Riverside County Sheriff's Department, and desiring it to be informed as to my previous record and character, I hereby authorize any peace officer or other authorized representative of the Riverside County Sheriff's Department, bearing this release, or a copy of it, within one year of its date, to obtain any information in your files pertaining to my employment, credit, educational records and criminal history information; including but not limited to, academic, achievement, attendance, athletic, personal history, performance report, background investigation, polygraph examination results, credit report, any and all internal affairs investigations and disciplinary records, criminal justice reports/records, third party service (per California Civil Code 1786, et seq.), court records, copies of law enforcement reports, including those deemed to be confidential and/or sealed.

I also hereby authorize any peace officer or other authorized representative of the Riverside County Sheriff's Department, bearing this release of a copy of it, within one year of its date, to obtain any medical records or medical information in the files of my current or former employer(s) or any current or former physician(s) or both, which pertain to my employment.

I hereby direct you to release this information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the Riverside County Sheriff's Department.

Consent is granted for the Riverside County Sheriff's Department to furnish the information described above to third parties in the course of fulfilling its official responsibilities. I further understand that I waive any right or opportunity to read or review any background investigation report prepared by the Riverside County Sheriff's Department.

I hereby release you, as the custodian of such records, and any school, college, university, or other educational institution, hospital or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment including its officers, employees, or related personnel both individually and collectively, from any and all liability for damage of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any questions as to the validity of this release, you may contact me as indicated below.

**I understand that I have the right to receive a copy of this authorization and acknowledge that I have received a copy of it.**

FULL NAME: \_\_\_\_\_  
Print

FULL NAME: \_\_\_\_\_  
Signature

DATE: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_  
Street Apt/Unit City Zip

TELEPHONE NUMBERS: \_\_\_\_\_  
Daytime Evening

**NOTARIZATION REQUIRED TO COMPLY WITH CALIFORNIA GOVERNMENT CODE SECTION 1031.1**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document, to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California, County of \_\_\_\_\_

On \_\_\_\_\_, before me, \_\_\_\_\_  
Date Name, Title of Officer – eg., "Jane Doe, Notary Public"

personally appeared \_\_\_\_\_

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

**I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.**

WITNESS my hand and official seal.

Signature \_\_\_\_\_ (Seal)



## CLETS EMPLOYEE/VOLUNTEER STATEMENT

### Use of information from the California Law Enforcement Telecommunications System (CLETS) and the Department of Motor Vehicles record information

As an employee/volunteer of \_\_\_\_\_, you may have access to confidential criminal records, the Department of Motor Vehicle records or other criminal justice information, much of which is controlled by statute. All information from the CLETS is based on the "need-to-know" and the "right-to-know" basis. The misuse of such information may adversely affect an individual's civil rights and violates the law and/or CLETS policies.

Penal Code (PC) section 502 prescribes the penalties relating to computer crimes. PC sections 11105 and 13300 identify who has access to state and local summary criminal history information and under which circumstances it may be released. PC sections 11141-11143 and 13302-13304 prescribe penalties for misuse of state and local summary criminal history information. Government Code section 6200 prescribes the felony penalties for misuse of public records and information from the CLETS. California Vehicle Code section 1808.45 prescribes the penalties relating to misuse of the Department of Motor Vehicle record information.

Penal Code sections 11142 and 13303 state:

**"Any person authorized by law to receive a record or information obtained from a record who knowingly furnishes the record or information to a person not authorized by law to receive the record or information is guilty of a misdemeanor."**

Any employee/volunteer who is responsible for the CLETS misuse is subject to immediate dismissal from employment. Violations of the law may result in criminal and/or civil action.

***I HAVE READ THE ABOVE AND UNDERSTAND THE POLICY REGARDING MISUSE OF ALL INFORMATION FROM THE CLETS.***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**California Department of Justice**  
**Level One Security Awareness Training**

**Purpose and Overview**

This training is for all personnel whose duties require them to have unescorted access to a physically secure location that processes or stores Criminal Justice Information (CJI). The information below is specifically for personnel that should not access or handle Criminal Justice Information (CJI).

The FBI CJIS Security Policy requires that all personnel that have unescorted access to a physically secure location, that processes or stores Criminal Justice Information (CJI), must complete CJIS Security Awareness training within 6 months of appointment or assignment to their position. After the initial training, the training must be completed every two years to remain compliant.

**What is Criminal Justice Information (CJI)?**

Criminal Justice Information is confidential data that consists of stolen cars, stolen guns, missing persons etc. It also includes criminal history and other data related to criminals.

**Rules and Expected Behavior**

You are not authorized to access, read, handle or discuss Criminal Justice Information (CJI). It can only be used for authorized purposes. Proper disposal of all Criminal Justice Information (CJI) is the criminal justice agency's responsibility.

Unauthorized access, handling or discussion of Criminal Justice Information could result in criminal prosecution and/or termination of employment.

The areas that process or store Criminal Justice Information (CJI) should be a secure area. Doors should be locked to prevent unauthorized access. It is your responsibility to help ensure this area stays secure. Report any unusual activity to your Agency contact and supervisor immediately. This includes any misuse of Criminal Justice Information (CJI) that you might witness or hear about. All incidents should be reported.

All personnel are required to report any suspected security incident. Notification should be made immediately to the Riverside County Sheriff's Department, Technical Services Bureau (TSB) at 951-955-2038. TSB will follow Riverside County's Incident Response Plan and make proper notifications to the ISOs Office and the California Department of Justice.

If you have any questions regarding the CJIS Security Policy or expected behavior around Criminal Justice Information (CJI), talk to your Agency contact for further information. Please sign below to acknowledge the completion of this training.

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Name/Employee ID Number

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Employer

---

Signature

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Date



# Riverside County Sheriff's Department

*Chad Bianco, Sheriff-Coroner*

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## Personnel Bureau

16791 Davis Avenue • Riverside • California • 92518  
[www.riversidesheriff.org](http://www.riversidesheriff.org)

### ACKNOWLEDGMENT OF AT-WILL EMPLOYMENT

I, \_\_\_\_\_, acknowledge that I am an at-will volunteer without vested property right in my position of Volunteer.

I also acknowledge that as a Volunteer with this Department, I am required to keep my Volunteer Coordinator notified of any changes to my address, phone number(s), marital status, if I have contact with law enforcement or government regulatory agencies, or have any other changes in my status.

I may be terminated/released at any time, without cause, and without right of appeal.

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I have discussed this letter and the conditions it contains with the Applicant.

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Investigator's Signature

Date

---

Applicant's Signature

Date



# Riverside County Sheriff's Department

*Chad Bianco, Sheriff-Coroner*

## Personnel Bureau

16791 Davis Avenue • Riverside • California • 92518  
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### NOTICE OF CONFIDENTIALITY OF DEPARTMENT INFORMATION

1. Volunteers shall not disclose or allow access to information contained in or obtained from Local Summary Criminal History Information, records maintained by State Department of Justice, or material, documents and information received from the Federal Bureau of Investigation or any other agency of State or Federal government, unless such disclosure or access is authorized by law.
2. Volunteers shall not use any information derived from any Sheriff's Department sources or records for personal gain or use, except as authorized by law or Department policies and procedures.
3. Volunteers shall not permit any person to receive information connected with operation of the Sheriff's Department without permission of the Sheriff or as otherwise provided by law or Departmental policies and procedures.
4. Volunteers shall not disclose to anyone the fact to the nature of any investigation, except as provided by law or Department policies and procedures.
5. Volunteers shall not give any unauthorized person any information concerning the location of records, weapons, ammunition, the number of deputies on duty, shift assignment or patrol beat area.
6. Serving the public provides each of us with great responsibility. Consequently, there can be no compromise in the requirement for all employees to follow the Sheriff's Department policies and procedures on records and information and this "Notice of Confidentiality of Department Information". Any violation of said subject employees to severe disciplinary action or termination.
7. Penal Code, Section 11142 relating to State Summary Criminal History information provides as follows:

Penal code, Section 11142. Authorized person furnishing record to information to unauthorized person; Misdemeanor

Any person authorized by law to receive a record or information obtained from a record who knowingly furnishes the record or information to a person who is not authorized by law to receive the record or information is guilty of a misdemeanor.

8. Penal Code, Section 13302 relating to Local Summary Criminal History Information provides as follows:

Penal code, Section 13302. Furnishing to unauthorized person by authorized person.

Any person of the local criminal justice agency who knowing furnishes a record or information obtained from a record to a person who is not authorized by law to receive the record or information is guilty of a misdemeanor.

**I have read and understand the "Notice of Confidentiality of Department Information".**

Signature \_\_\_\_\_

Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Title \_\_\_\_\_



Riverside County Human Resources Department  
Volunteer Insurance Program  
**Volunteer Assignment  
Acknowledgment Form**

**Volunteer Instructions:** For instructions on how to apply to volunteer, contact the County department where you would like to volunteer. If you are instructed to complete this form, submit it to the County department where you are applying. Please do not submit this form to the Human Resources Department.

**SECTION 1 - COUNTY DEPARTMENT INFORMATION**

County Department Name:	Department Division/Office/Program:	Date:
Volunteer's Name:	Volunteer Assignment Title or Description:	
Volunteer Coordinator/Program Manager's Name:	Coordinator/Manager's Phone:	Mail Stop #:

**SECTION 2 - VOLUNTEER ACKNOWLEDGMENT** (The Volunteer completes and signs this section.)

As a volunteer, I acknowledge, understand and agree to the following:

- A "volunteer" means a person who performs authorized voluntary service to County of Riverside, or a department, institution or agency thereof, without pay, for the benefit of the County and in aid of a recognized County purpose. A volunteer is not an employee and may be released at any time, without cause or reason, and without right of appeal.
- I may not volunteer while my ability to perform my duties is impaired due to alcohol or drug use. I may not use or possess controlled substances at any time or use alcohol while on duty or on County property. If taking medication which may affect my performance of duties, I must report this to the County department/agency's volunteer coordinator/program manager before beginning my assignment.
- I will not disclose at any time confidential information to which I have access during my assignment as a volunteer with the County of Riverside. This information includes, but is not limited to, medical records or files, vital records, and statistics. I will also strictly protect the confidentiality of all County employee/personnel information to which I have access. I am required by State and/or Federal law to maintain confidentiality and that failure to uphold this requirement may result in immediate release.
- In the event of a volunteer assignment-related injury or illness, it is my responsibility to notify my volunteer assignment supervisor immediately. If my volunteer assignment supervisor is unavailable, I will contact the County department/agency's volunteer coordinator/program manager to report my volunteer assignment-related injury or illness.
- Prior to driving my personal vehicle or a County vehicle during volunteer assignment hours, I must contact my volunteer assignment supervisor for approval. I will need to complete the "Authorization to Drive" form and also provide a current DMV printout, my unexpired drivers' license and proof of automobile insurance. While driving my own personal vehicle my auto insurance shall be primary while in the course and scope of my assignment with the County of Riverside.
- My failure to report to a scheduled volunteer assignment without contacting my assignment supervisor may result in immediate release.

