



LOS ANGELES COUNTY SHERIFF'S DEPARTMENT CIVILIAN  
VOLUNTEER APPLICATION (for Mounted)



**Applicant Information:**

**Name:**

(Last)

(First)

(Middle)

**Current Address:**

**City:**

**State:**

**Zip:**

**Date of Birth:**

**Social Sec #:**

**Citizenship:**

**Home Phone:**

**Cell Phone:**

**Work Phone:**

**Drivers License #**

**License Exp Date:**

**State:**

**Email Address:**

**Secondary Email Address:**

**Employment Information**

**Current employer:**

**Employer address:**

**How long?**

**Phone:**

**E-mail:**

**Position:**

**City:**

**State:**

**ZIP Code:**

**Emergency Contact**

**Name of a person not residing with you:**

**Address:**

**City:**

**State & Zip:**

**Phone:**

**Phone:**

**Relationship:**

Have you ever applied for any position in Law Enforcement prior to this application? Yes \_\_\_\_ / No \_\_\_\_

If so, Where? \_\_\_\_\_

Have you ever been in trouble with law enforcement? Yes \_\_\_\_ / No \_\_\_\_ If so, please discuss:

Have you ever been convicted of a misdemeanor or felony? Yes \_\_\_\_ / No \_\_\_\_ If so, please discuss:

Any false statement, either verbal or written, may cause the applicant's name to be removed from the eligible list or be cause for immediate dismissal if an appointment is/was made.

**I hereby authorize the Los Angeles County Sheriff's Department  
to initiate a background check prior to my acceptance as a civilian volunteer.**

Signature: \_\_\_\_\_

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

Witness (Title) \_\_\_\_\_

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



LOS ANGELES COUNTY SHERIFF'S DEPARTMENT



CIVILIAN VOLUNTEER APPLICATION

**REFERENCES**

*Please list three references.*

Full Name:	Relationship:
Address:	Phone: (    )
Full Name:	Relationship:
Address:	Phone: (    )
Full Name:	Relationship:
Address:	Phone: (    )

**Military Service**

Branch:	From : Year	To : Year
Rank at Discharge:	Type of Discharge:	

**BACKGROUND**

Have you ever been arrested? (No)\_\_\_\_ (Yes- Explain)\_\_\_\_

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Has anyone you currently live with or lived with in last 5 years been arrested or currently serving time in jail? (No)\_\_\_\_ (Yes- Explain)\_\_\_\_

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Have you ever used drugs? (No)\_\_\_\_ (Yes- Explain)\_\_\_\_

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Are you or any family member related to or affiliated with gang members? (No)\_\_\_\_ (Yes- Explain)\_\_\_\_

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**SKILLS AND HOBBIES:**

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CIVILIAN VOLUNTEER APPLICATION



**NARVATIVE- WHY I WANT TO BE A VOLUNTEER WITH THE SHERIFF'S DEPARTMENT**

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**\*\*\*\*\* OPTIONAL \*\*\*\*\* MEDICAL INFORMATION \*\*\*\*\* OPTIONAL \*\*\*\*\***

YOUR DOCTOR \_\_\_\_\_ PHONE \_\_\_\_\_

BLOOD TYPE \_\_\_\_\_ Do You Have A Medical I.D. Bracelet or Dog Tags? \_\_\_\_\_

DO YOU HAVE HEART TROUBLE? \_\_\_\_\_ IF YES, EXPLAIN \_\_\_\_\_

DO YOU HAVE HIGH BLOOD PRESSURE? \_\_\_\_\_

ARE YOU A DIABETIC? \_\_\_\_\_

PRESENT AILMENTS \_\_\_\_\_

PREVIOUS SURGERIES/DATES \_\_\_\_\_

ARE YOU ON MEDICATION NOW \_\_\_\_\_ IF SO, WHAT FOR \_\_\_\_\_

IS THIS BY ORDER OF A DOCTOR? \_\_\_\_\_

DO YOU HAVE A MEDICAL PROBLEM WE SHOULD BE AWARE OF WHILE YOU ARE WORKING IN THE STATION THAT YOU HAVE NOT STATED ABOVE?  
\_\_\_\_\_

INSURANCE COMPANY \_\_\_\_\_ PHONE \_\_\_\_\_

GROUP # \_\_\_\_\_

HOSPITAL PREFERENCE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_