

MESA COUNTY SHERIFF'S OFFICE VOLUNTEER APPLICATION

Thank you for your interest in donating your time and skills to our community. Before completing this application, please consider the following about the Mesa County Sheriff's Office's selection process:

In the Citizen's view, Volunteers within the Office represent the Sheriff, the Office and the County Commissioners.

The Office has established personnel standards, which are higher than encountered in most employment situations, this is also true in volunteer positions.

The higher standards are necessary because of the nature of the work and the legal obligations of the Sheriff.

While it is not our intent to discourage applicants, it is important that you understand why we require the level of personal information this application requests.

PLEASE PRINT IN INK. DO NOT TYPE. COMPLETE EVERY SECTION. IF QUESTIONS DO NOT APPLY TO YOU, WRITE N/A. IF MORE SPACE IS REQUIRED, FEEL FREE TO ATTACH A PAGE. ALL INFORMATION IS SUBJECT TO VERIFICATION. COMPLETE AND THOROUGH BACKGROUND CHECKS WILL BE A PART OF EVERY APPLICATION.

Again, Sheriff Todd Rowell and the members of the Sheriff's Office appreciate your interest and willingness to help us in our efforts toward partnerships between citizens and law enforcement for a better community.

SHERIFF TODD ROWELL

MESA COUNTY SHERIFF'S OFFICE
VOLUNTEER APPLICATION

RELEASE OF CLAIMS, INDEMNITY AGREEMENT AND COVENANT NOT TO SUE

I do hereby agree:

1. That I am aware that the work of the Mesa County Sheriff's Office is inherently dangerous and that I may be subject to the risk of death, personal injury, or damage to my property by accompanying and/or providing support to members of the Sheriff's Office during the performance of their official duties. I freely, voluntarily and with such knowledge, assume the risk or risks associated with such activities, including but not limited to: death, personal injury, property damage arising from or in any way connected with the use of weapons, unlawful acts or forcible resistance, law violators, or suspected law violators, assault, riot, breach of peace, fire, explosives, gas, electrocution, the escape of hazardous substances, or the sustaining of injury in any other way while engaged with the Mesa County Sheriff's Office in volunteer activities.

2. That I exempt and release Mesa County, its public officials and employees and their sureties, all members of the Mesa County Sheriff's Office and their sureties, and each of them from any and all liability, claims, demands, or actions or causes of actions whatsoever arising out of any damage, loss or injury to me or my property while accompanying members of the Mesa County Sheriff's Office during the performance of their official duties or while on the premises of the Sheriff's Office, whether such loss, damage, or injury results from the negligence of Mesa County, its public officials and employees and their sureties, any members of the Mesa County Sheriff's Office and their sureties and each of them, or from any other cause.

3. For myself, my heirs, personal representatives, executors, administrators and assigns to defend, indemnify and covenant not to sue the county of Mesa, its employees, any members of the Mesa County Sheriff's Office, sureties and each of them, against any and all manner of actions causes of actions, suits, debts, claims, demands, damages or liability or expenses of every kind of nature incurred or arising by reason of actual or claimed negligent and wrongful act or omission by me or by them while engaged in a volunteer activity or while accompanying any member or members of said Mesa County Sheriff's Office during the performance of their duties.

I hereby represent that I have carefully read and understand the content of this document and sign the same of my own free will.

CAUTION: READ THIS DOCUMENT BEFORE SIGNING.

Signature of Volunteer

Date

Coordinator of Volunteer Services

Date

EMERGENCY CONTACT INFORMATION

In Case of Emergency Please Notify:

Name: _____

Phone: _____

Alternate: _____

Phone: _____

Volunteer Name: _____

Signature: _____

MESA COUNTY SHERIFF'S OFFICE VOLUNTEER APPLICATION

Position Interested In: _____

Name _____ Date of Birth: _____

Social Security # _____ Home Phone: _____ Work Phone: _____

Address _____ E-Mail Address _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

EDUCATIONAL HISTORY: (CHECK ONE)

___ High School OR GED ___ College Hours ___ College Degree ___ Specialized Program (specify please)

WORK HISTORY

Approx. Dates	Employer	Job Title

VOLUNTEER HISTORY

Approx. Dates	Organization	Tasks

SPECIAL SKILLS AND/OR HOBBIES

List skills such as clerical, second language, public speaking, or working with special populations. Please also list HOBBIES, and/or things you enjoy doing _____

REFERENCES

Please list **four** references, including at least one employment or professional, that we may contact.

Name	Mailing Address	City	State	Zip Code
Phone	Nature of Relationship			

Name	Mailing Address	City	State	Zip Code
Phone	Nature of Relationship			

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DRIVERS LICENSE AND VEHICLE INFORMATION

Drivers License # _____ State of Issue & Expiration Date: _____
Have you ever had a license revoked or suspended or been denied auto insurance? Yes No
If yes, please explain including dates, reasons, etc _____

Do you own a car? Yes No Have current auto insurance? Yes No

HEALTH AND MEDICAL INFORMATION

Please describe any disabilities, handicaps, chronic illnesses or physical limitations which might affect your ability to perform volunteer work: _____

PERSONAL RESPONSE

Please describe your reasons for desiring a volunteer position with the Mesa County Sheriff's Office: _____

TRAFFIC AND CRIMINAL ARREST INFORMATION

Most current first, list each occurrence for which you received a traffic or criminal summons and/or that you were arrested:

Date	Location	Offense	Disposition

CIVIL LITIGATION

Have you ever been a defendant of a lawsuit or received notice of claim to be sued? If yes, please detail below: _____

LIQUOR AND DRUG USE

Please describe your use of intoxicating liquor: _____
Please describe your most current use of marijuana and/or any drugs not prescribed by your physician: _____

CONFIDENTIALITY RELEASE

I agree to refrain from repeating to any outside sources, with the exception of adult members of my immediate family, any confidential information obtained while I am engaged as a volunteer. Details concerning victims, suspects, or crimes investigated are privileged information and not to be shared with anyone other than a current employee of the Mesa County Sheriff's Office, or, for mental health reasons, with an adult member of my immediate family. In any case information will be discussed only as necessary to maintain my mental health or to carry out my volunteer assignment.

I understand that breaching either the confidentiality of the victim or the office would be cause for immediate discharge from the volunteer program.

Signature of Volunteer _____

Date _____

M.C.S.O. Staff Person _____

Date _____

**WAIVER OF LIABILITY/REQUIRED FOR ALL EXPLORER VOLUNTEERS
LAW ENFORCEMENT EXPLORER POST #321**

1. The following Waiver of Liability shall constitute a continuing agreement between the Mesa County Sheriff's Office, the Mesa County Sheriff's Office Law Enforcement Explorer Post, and Mesa County, including their employees, agents, volunteers, staff, and other assigns, hereinafter referred to as "The Agency," the Post," and "the County", respectively, and the applicant and/or member of Explorer Post whose signature is found below, including any and all of the Explorer's agents, heirs, relatives, parents/guardians, or other assigns, collectively referred to with the applicant/member as "the Explorer."
2. Law enforcement inherently bears risks not typically encountered by average citizens. These risks range in variety and may result in injury or death. Observers and those who interact and participate with law enforcement on a regular basis, including the Explorer, will also face these risks. Every reasonable effort will be made by law enforcement personnel to ensure the safety of the Explorer during a high-risk situation. The Explorer agrees to abide by the directives of law enforcement personnel which may be given in an effort to preserve the Explorer's safety; the Explorer accepts all responsibility for not abiding by such directives or failing to use due regard for their own safety.
3. The Explorer will often travel in a modified passenger vehicle owned by the County and operated by the Agency. This travel may, at times, include being operated in a manner contrary to the normal traffic laws in place and applicable to regular traffic. Such travel poses inherent danger to the occupants of the vehicle and to other persons. At the discretion of the vehicle operator, the Explorer may be asked to exit the vehicle and seek safety on their own, including transport to a secure location, namely the Agency or their residence. Every reasonable effort will be made to ensure the safety of the Explorer during emergency vehicle operations.
4. At times, there may be opportunities for the Explorer to travel outside of the jurisdiction and boundaries of the County, including out of the State of Colorado, as part of official or group functions with the Post. This Waiver of Liability shall apply to the named parties during such travel.
5. The Explorer will hold blameless the Agency, the Post, and the County including any and all employees, agents, volunteers, staff, and other assigns and any agencies with which the Agency, the Post, or the County may interact, including their respective employees, agents, volunteers, staff, and other assigns, for any and all losses, damages, injuries, or death, including but not limited to: criminal activity; negligence by any party listed above; disaster; accident; et cetera. Such losses, damages, injuries, and death include property loss or damage, emotional/psychological trauma or damage, physical injury, or loss of life and/or limb.
6. This Waiver of Liability will also serve as continuing Consent for Care. In the event that the Explorer is injured in any way requiring immediate medical attention as determined by any reasonable person, the undersigned gives full consent for treatment for the Explorer, including but not limited to: prehospital emergency treatment; ambulance, aeroambulance, or other evaluative procedures or transports; dispensing to the Explorer any necessary substances, including medications, blood/blood alternatives, other intravenous administrations, et cetera; emergency assessments, including x-ray, surgical assessments, invasive procedures, and any other techniques or procedures deemed medically necessary by any bona fide medical care provider in the jurisdiction where the Explorer may be.
7. No financial burden or liability shall be placed upon the Agency, the Post, and the County, including any and all employees, agents, volunteers, staff, and other assigns, and any agencies with which the Agency, the Post, or County may interact, including their respective employees, agents, volunteers, staff, and other assigns for any medical or other treatments incurred by the Explorer as a result of the Explorer's affiliation with the Agency, the Post, or the County. All responsibility for costs and charges shall be accepted by the Explorer through the Explorer's own means, whether personal, insurance, or otherwise.
8. In the event that the Explorer is under age 18 or, if over 18, is under guardianship of any person, then the Explorer's signature must appear with the signature of the parent or guardian.
9. Any part of the entirety of this Waiver of Liability and Continuing Consent for Care, may be revoked at any time by the Explorer, or if the Explorer is under 18 or under the guardianship of another, then the Explorer and/or the parent or guardian. Such revocation must be done in writing and bear original signatures.
10. The Waiver of Liability and Continuing Consent for Care shall remain in full force and effect for the duration of the Explorer's affiliation with the Agency, the Post, or the County as a part of the Law Enforcement Exploring Program. From time to time, it may be necessary to seek additional consent for specific trips, incidents, or other activities or update records. At such times, further explanations will be given in regard to the applicability of those waivers and such waivers, unless specifically noted, will not invalidate this Waiver of Liability and Continuing Consent for Care.

Having read and understood the above, the undersigned recognize(s) and accept(s) the risks that will inherently accompany participation with law enforcement and Law Enforcement Exploring. The undersigned agree(s) to hold blameless the Mesa County Sheriff's Office, the Mesa County Sheriff's Office Law Enforcement Explorer Post #321, and Mesa County, including their respective employees, agents, volunteers, staff, and other assigns for any and all damages to property or person, including injury or death, as a result of the undersigned's affiliation with the Mesa County Sheriff's Office Law Enforcement Explorer Post, regardless of the cause of such damages or losses.

Applicant (Explorer)

Date/Time

Parent/Guardian (If under 18)

Date/Time

Signed before me this

_____ day of _____,

(day)

(month)

(year)

Notary Public

My commission expires

