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**C.S.V.
COMMUNITY SERVICE
VOLUNTEER**

For those who are interested in serving their community.



Sonora Police Department
100 South Green Street
Sonora, CA 95370
(209) 532-8143

SONORA POLICE COMMUNITY SERVICE VOLUNTEER

Qualifications / Training / Functions

The city of Sonora Police Department is seeking qualified volunteers from the community who are willing to donate their time to support the Department in various assignments. We request that Volunteers donate a minimum of 4 hours per week.

A major activity is the citizen patrol, which supplements police operations by assisting officers with tasks that currently take them away from patrol time. CSV members also participate throughout the Department by assisting in records, the investigations division, crime prevention, and many other functions. Assignments are based on the volunteer's abilities and interests.

For more detailed information, contact Sergeant Bertalotto (209) 532-8143.

MINIMUM QUALIFICATIONS:

- Ø 21 years of age or older
- Ø Reside in the County of Tuolumne
- Ø California's Driver's License or Identification Card
- Ø Complete the application and interview process
- Ø Pass the background investigation (includes fingerprints submitted to DOJ and FBI for clearance)
- Ø **NO** physical examination is required

TRAINING:

Training will be based on the type of volunteer work you wish to do. Once your application is submitted, Lt. Hannula will assist you in determining just what volunteer work would best fit your desire. Training will be accommodated accordingly.

FUNCTIONS:

Here are just a few of the many duties Community Service Volunteers may perform:

- Ø Police Department Information and Front Desk
- Ø Vacation House Checks
- Ø Patrol of School Grounds and Parks
- Ø Conduct Crime Prevention Programs and Meetings
- Ø Traffic Control (Accident Scenes, Special Events, etc.)
- Ø Transport Equipment and Personnel when needed
- Ø Fingerprint Children
- Ø Data Entry, Filing, and other Clerical Support
- Ø Issue Sonora Municipal Code parking violations

SONORA POLICE COMMUNITY SERVICE VOLUNTEER

Application

PLEASE PRINT CLEARLY AND LEGIBLY

Full Name (First Middle Last): _____

Address: _____
City: _____ Zip: _____

Phone Numbers:
Home: _____
Cell: _____
Work: _____
Other: _____

Physicals: Sex: _____ Hair: _____ Eyes: _____
Weight: _____ Height: _____

Date of Birth: _____ Age: _____ California ID/DL: _____

Place of Birth: _____ Social Security: _____

Do you own/drive a vehicle? - Yes - No If Yes, please provide the following:

Year:	Make:	Model:
License and State:	Color:	

Have you ever been arrested? - Yes - No If Yes, explain: _____

Are you now or have you ever been on probation? - Yes - No

List two references:

1. Name: _____ Phone: _____

Address: _____

2. Name: _____ Phone: _____

Address: _____

SONORA POLICE COMMUNITY SERVICE VOLUNTEER

Please provide a listing of the times that you will be available to volunteer your services with the Police Department. There is a minimum of 4 hours of volunteer time, however we appreciate all of the assistance that you are able to provide:

SUNDAY	FROM	AM/PM	TO	AM/PM
MONDAY	FROM	AM/PM	TO	AM/PM
TUESDAY	FROM	AM/PM	TO	AM/PM
WEDNESDAY	FROM	AM/PM	TO	AM/PM
THURSDAY	FROM	AM/PM	TO	AM/PM
FRIDAY	FROM	AM/PM	TO	AM/PM
SATURDAY	FROM	AM/PM	TO	AM/PM

Conviction of a crime is not an automatic bar to placement, but an untrue answer will disqualify you.

I hereby certify that all statements made in this application are true, and I authorize investigation of all matters contained in this application. I acknowledge that any false statements or misrepresentations, either verbal or written, on this application will be cause for refusal of placement or immediate dismissal. I am aware that fingerprinting will be required before placement.

Signature of Applicant

Date

Return application to: Sonora Police Department, 100 South Green Street, Sonora CA 95370 (Attn: Sgt. Bertalotto). If you have any questions concerning this program call (209) 532-8143.

DEPARTMENT USE ONLY

Comments: _____

Special Considerations:

Health: _____

Transportation: _____

Other: _____

Interviewed By: _____ Date: _____

Chief of Police: _____ Date: _____