



SOLANO COUNTY SHERIFF'S OFFICE

Thomas A. Ferrara, Sheriff-Coroner

Office of Emergency Services
530 Clay Street, Fairfield, CA 94533
Office (707) 784-1600 / Fax (707) 421-6383

Dear Volunteer Applicant,

Thank you for your interest in serving your community by volunteering at the Solano County Sheriff's Office! Many of the services provided by the Sheriff's Office would not be possible without service minded volunteers such as you!

As you prepare to fill out the attached application, please do so carefully and completely. The time it takes to process applications can often be minimized by taking a few extra moments to ensure all information requested is included and accurate. You will notice on the top of the first page there are many different volunteer options. Some of these exciting opportunities for volunteering do require the completion of certified training in order to apply while others do not. All Sheriff's volunteers are required to undergo a thorough background investigation prior to appointment. The following will provide more details on the programs and their pre-requisites: (* Minimum age of 18 years)

- **ACS (Radio)***– Auxiliary Communication Service – No pre-requisite, HAM license encouraged
- **Dive*** – Recreational diver credentials from a nationally recognized organization such as NAUI, PADI, etc.
- **SAR*** – Search & Rescue – No pre-requisite, all necessary training is provided
- **OES*** – Office of Emergency Services Volunteer – No pre-requisite training required
- **SAVE*** – Sheriff's Active Volunteer Experience – No pre-requisite training required, may volunteer in any of the following areas:
 - **Administration**
 - **Animal Care**
 - **Patrol**
 - **Coroner Forensic Technician** – Must be 18 years old, a current student, and have interest in the fields of Forensic Science, Anatomy, Pathology, or Physiology
- **Sheriff's Posse*** – No pre-requisite training required
- **Reserve Deputy (Sheriff)** – POST PC832 Module III or higher required prior to application
- **Cadet (Law Enforcement)** – No prior training required,
 - Must be between 14-20 years of age and have completed the 8th grade
 - Must be enrolled in school and have a minimum 2.0 GPA

Sincerely,

Christine Castillo, Sheriff Sergeant
Office of Emergency Services

Dan Schick, Sheriff Sergeant
Standards & Ethics

Dedicated to Community Service

SOLANO COUNTY SHERIFF'S OFFICE VOLUNTEER APPLICATION

Please check the box of the volunteer position you are applying for:

OFFICE OF EMERGENCY SERVICES	SAVE - PUBLIC RELATIONS	LAW ENFORCEMENT
<input type="checkbox"/> ACS (Radio) <input type="checkbox"/> OES <input type="checkbox"/> Dive <input type="checkbox"/> Search & Rescue	<input type="checkbox"/> Admin <input type="checkbox"/> Sheriff Posse <input type="checkbox"/> Animal Care <input type="checkbox"/> Coroner <input type="checkbox"/> Patrol <input type="checkbox"/> Forensic Technician	<input type="checkbox"/> Reserve Deputy Sheriff <input type="checkbox"/> Sheriff Cadet

Legal Name

Last

First **Middle Initial**

Aliases _____

Birth Date

Place of Birth
City, State (2 letters) and Country if not USA

Residence Address (please include apartment number)

City

State **Zip/Postal Code** -

E-mail Address (Optional) Please write clearly so that the difference between letters and numbers is clear. For example, "O" and "0" (zero); "l" or "L" and 1 (one)

E-mail

Cell Phone Number - - **Extension** OK to leave a message? Yes No

Alternate Phone Number - - **Extension** OK to leave a message? Yes No

Physical Description (for official ID card) **Gender** M / F **Hgt.** **Wgt.**

Hair **Eyes**

Do you posses a valid driver's license? Yes No

Driver's License Number

Driver's License State

Social Security Number - -

Emergency Contact _____ - -

Name & Relationship

Have you ever been placed on court probation?

Yes

No

If yes, please give details (include when, where, why).

Were you ever required to appear before a juvenile court for an act, which would have been a crime if committed by an adult? Yes No

If yes, please give details (include when, where, why).

I hereby certify that all of the information provided above is true and correct to the best of my knowledge.

I understand that any misstatements of material facts will subject me to disqualification or dismissal.

Applicant Signature

Date

Parent Signature (if applicant is under 18 years old)

Date

Send completed application to:

Solano County Sheriff / Office of Emergency Services

Attn: Volunteer Application

530 Clay Street

Fairfield, CA 94533-5625