

## Douglas County



# SHERIFF

"A Tradition of Service"

Daniel J. Coverley SHERIFF

#### **Law Enforcement Volunteer Application**

CHOSE ONE
CITIZEN PATROL (SUBSTATION/REPORT WRITING)
POSSE

GOOD NEIGHBORS JAIL VOLUNTEER

Date:	<u></u>	
Name:		
Last	First	Middle
Date of Birth (M/D/YEAR):	Social Security Number:	
Address (Physical):		
Mailing Address (if different):		
E-Mail Address:	Home phone Number:	Cell phone Number:
Driver's License Number:	State of Issue:	
Have you ever been convicted of a cri	minal offense? Yes No	
If so, what was the charge?		
Where did this occur?	When did this occur?	
Emergency Contact Name:		
Relationship:	Phone Number:	
What types of assignments are you in	nterested in?	
Do you have prior experience/training	that would assist you in your assignment?	
The Douglas County Sheriff's Office ha	s the right to revoke my volunteer status anytir	ne without causeInitial
I hereby certify that the information co any investigation or inquiry of my pers		I further authorize the Douglas County Sheriff's Office to make
Signature:		Date:
	FOR OFFICAL USE ONL	<u>Y</u>
Local Criminal History Clear: Yes	No	
Criminal History Clear: Yes  Drivers License Valid: Yes	No No	
Safety Class (Jail only) Yes	No No	
Application Status: Approved	Denied Date: By:	



### Douglas County





Daniel J. Coverley SHERIFF

# Douglas County Sheriff's Office Volunteer FINGERPRINT CARD INFORMATION PLEASE PRINT CLEARLY

MAP						
Originating Agency ID:	- <u>NV0030000</u>					
Controlling Agency ID:	- <u>NV(</u>	0030000				
Agency Case #:	CITIZEN PATRO (SUBSTATION/REPORT WRITE		POSSE		JAIL VOLUNTE	ER
	SEARCH AND RESCUE		GOOD NEIGHBORS			
Name:						
Last		First			Middle	
Account #: - NUF146		Attentio	n:	- <u>DCS</u>	<u>SO</u>	
Eyes: Hair:	Height:	Weigh	nt:	_ Sex:	Race:	_
Date of Birth:	]	Place of Bi	rth:	Citiz	zenship:	-
SSN: (Required)						
Physical Address:						
Reason Fingerprinted:	Criminal Justice	<u>.</u>				
Authorizing Signature: _						



#### FINGERPRINT BACKGROUND WAIVER

As an applicant who is the subject of a Federal Bureau of Investigation (FBI) fingerprint-based criminal history record check for a noncriminal justice purpose you have certain rights which are discussed below.

- 1. You must be notified by <u>Douglas County Sheriff's Office (name of requesting agency)</u> that your fingerprints will be used to check the criminal history records of the FBI and the state of Nevada.
- 2. If you have a criminal history record, the officials making a determination of your suitability for the job, license or other benefit for which you are applying must provide you the opportunity to complete or challenge the accuracy of the information in the record. You may review and challenge the accuracy of any and all criminal history records which are returned to the submitting agency. The proper forms and procedures will be furnished to you by the Nevada Department of Public Safety, Records Bureau upon request. If you decide to challenge the accuracy or completeness of your FBI criminal history record, Title 28 of the Code of Federal Regulations Section 16.34 provides for the proper procedure to do so:
  - 16.34- Procedure to obtain change, correction or updating of identification records. If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.
- 3. Based on 28 CFR § 50.12 (b), officials making such determinations should not deny the license or employment based on information in the record until the applicant has been afforded a reasonable time to correct or complete the record or has declined to do so.
- 4. You have the right to expect that officials receiving the results of the fingerprint-based criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal or state statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

- 5. I hereby authorize <u>Dougals County Sheriff's Office</u>, (name of requesting agency) to submit a set of my fingerprints to the Nevada Department Public Safety, Records Bureau for the purpose of accessing and reviewing State of Nevada and FBI criminal history records that may pertain to me.

  In giving this authorization, I expressly understand that the records may include information pertaining to notations of arrest, detainments, indictments, information or other charges for which the final court disposition is pending or is unknown to the above referenced agency. For records containing final court disposition information, I understand that the release may include information pertaining to dismissals, acquittals, convictions, sentences, correctional supervision information and information concerning the status of my parole or probation when applicable.
- 6. I hereby release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, its officer(s), agent(s) and/or employee(s) who conducted my criminal history records search and provided information to the submitting agency for any statement(s), omission(s), or infringement(s) upon my current legal rights. I further release and promise to hold harmless and covenant not to sue any persons, firms, institutions or agencies providing such information to the state of Nevada on the basis of their disclosures. I have signed this release voluntarily and of my own free will.

A reproduction of this authorization for release of information by photocopy, facsimile or similar process, shall for all purposes be as valid as the original.

In consideration for processing my application I, the undersigned, whose name and signature voluntarily appears below, do hereby and irrevocably agree to the above.

Applicant's Name:						
PLEASE PRINT	Last Name	First Name	Middle			
Address:						
PLEASE PRINT						
Applicant's Signature:						
Date:						
Submitting Agency:	Douglas County Sheriff's	Office				
Address:	1038 Buckeye Rd, Minden, Nevada 89423					
Agency representative:						
PLEASE PRINT	Last Name	First Name	Middle			
Agency Representative's	Signature:					
Date:						