

Please fill out page 1 and page 2 ("Volunteer Application"). This will auto import information into the rest of this document. If there is a portion that does not apply or is unknown, please write that in the space. Red boxes are required fields.

Today's Date:	
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**Personal Information**

First Name:	
Middle Name:	
Last Name:	

Please Select Primary and Secondary Phone

Home Phone Number:		Primary <input type="checkbox"/>	Secondary <input type="checkbox"/>
Cell Phone Number:		Primary <input type="checkbox"/>	Secondary <input type="checkbox"/>
Cell Phone Provider (AT&T, Verizon, etc.):			
Email Address:			

Street Address:	
City:	
State:	
Zip Code:	
County:	
Number of years at Current Address:	

Gender:	
Height:	
Weight:	
Hair:	
Eyes:	
Date of Birth:	
Driver's License Number:	
License Expiration Date:	
Social Security Number:	
Blood Type:	
City & State of Birth:	

**Emergency Contact**

Name:	
Relationship:	
Address:	
Phone Number:	
Any Special Instructions:	

**Second Emergency Contact**

Name:	
Relationship:	
Address:	
Phone Number:	
Any Special Instructions:	



# Volunteer Application

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

Department Interested in Volunteering, If Known: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone: \_\_\_\_\_ Driver's License No. \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Are you under 18 years of age? \_\_\_\_\_

Have you ever been convicted of a crime? If so, for what and when? \_\_\_\_\_

\_\_\_\_\_

Are you related by blood or marriage to any person presently employed by the County of Nevada? If yes, give name, relationship and department in which employed: \_\_\_\_\_

\_\_\_\_\_

Highest grade completed: \_\_\_\_\_ College / Prof Degree: \_\_\_\_\_

Do you speak a second language? If so, which language? \_\_\_\_\_

What type of volunteer work are you interested in doing for the County? \_\_\_\_\_

\_\_\_\_\_

Briefly describe your education and experience in work or volunteer settings.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe your skills (typing, computer, other) \_\_\_\_\_

\_\_\_\_\_



## Nevada County Sheriff's Search and Rescue New Applicant Checklist

Applicant Name:

Last

First

Middle

- Fill Out Volunteer Application  
 NCSSAR New Member Information  
Date Application Accepted: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Background Checks

- Turned In Packet to Personnel  
 Run Local Check  
 Check 27 / 29 Information  
 Livescan  
 Photographs

Accepted  Denied

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### NCSSAR Interview

- Schedule Interview  
Date of Interview: \_\_\_\_\_  
 Sign OES form (Disaster Service Worker)

Accepted  Denied

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Board Approval Process

Date of Review: \_\_\_\_\_

Accepted  Denied

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### NCSSAR Coordinator

- Notify Applicant  
Date of Notification: \_\_\_\_\_  
 ID Card Provided to Member  
NCSO Coordinator: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Volunteer Information Checklist

**Cleared  
Fingerprinting Prior  
to Working**

**Check**

Name \_\_\_\_\_

Department: \_\_\_\_\_

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

Origin/Reason for volunteering \_\_\_\_\_

### **Required paperwork the Human Resources Department needs prior to or on Volunteer's first day.**

\_\_\_\_\_ Copy of driver's license

\_\_\_\_\_ Copy of Social Security Card or birth certificate

\_\_\_\_\_ Volunteer Acknowledgement

\_\_\_\_\_ Volunteer Application

\_\_\_\_\_ Sexual Harassment Brochure Date Volunteer Received: \_\_\_\_\_

\_\_\_\_\_ Sexual Harassment Notification Sign Off form

\_\_\_\_\_ Facts about Workers' Compensation Brochure Date Volunteer Received: \_\_\_\_\_

\_\_\_\_\_ Injury and Illness Prevention Plan Date Volunteer Received: \_\_\_\_\_

### **If Applicable: Use of County or private vehicle on County business requires Department Head approval.**

\_\_\_\_\_ Use of Vehicles on County Business  
Read attached Ordinance 1957 - Article 14 and sign above form if driving.

\_\_\_\_\_ Driver's Agreement

**Please fill in date volunteer received and read information. Also, have the volunteer sign, print and date below.**

Drug Free Workplace Policy    Date volunteer Received: \_\_\_\_\_

**I have received, and I understand it is my responsibility to read the above document(s) to understand its content. I further understand I can contact my supervisor if I have any questions.**

*Volunteer Signature* \_\_\_\_\_

*Volunteer Print Name* \_\_\_\_\_

*Date* \_\_\_\_\_

# ACKNOWLEDGMENT

(Volunteer)

I, \_\_\_\_\_ understand and agree that I am  
volunteering my time, skills, and efforts, without expectation or right of compensation, to  
the County of Nevada for the purpose of:

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I hereby acknowledge that in performing the voluntary service described above I  
am **not**, nor am I acting as, an employee of the County of Nevada or any other public  
entity or agency.

SIGNED: \_\_\_\_\_

DATED: \_\_\_\_\_

# Nevada County Sexual Harassment Notification

Employee's name \_\_\_\_\_  
Please print

Sexual harassment in the workplace violates the provisions of the Fair Employment and Housing Act, specifically the Government Code Sections 12940 (a), (h), and (i).

I have received, and I understand it is my responsibility to read the above document(s) to understand its content. I further understand I can contact my supervisor if I have any questions regarding Nevada County's brochure prohibiting sexual harassment in the workplace.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Nevada County Drug-Free Workplace Policy Notification

Employee's name \_\_\_\_\_  
Please print

I have received and read Nevada County's Drug-Free Workplace Policy, Section P-9 of the Nevada County Personnel Code, adopted by Resolution No. 07-547.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# DISASTER SERVICE WORKER VOLUNTEER REGISTRATION

## LOCAL AND STATE INFORMATION

Loyalty Oath under Code of Civil Procedure §2015.5 & Title 19, Div.2, Chap.2, Sub-Chap.3, §2573.1

### TYPE OR PRINT IN INK (SHADED AREAS REQUIRED BY PROGRAM REGULATIONS)

ATTACH PHOTOGRAPH HERE	<p style="text-align: center;"><i>This block completed ONLY by Accredited Disaster Council, designated government agency or jurisdiction.</i></p> <p>CLASSIFICATION: _____ SPECIALTY: _____</p> <p>REGISTERING AGENCY OR JURISDICTION: _____</p> <p>SIGNATURE OF AUTHORIZED PERSON: _____ TITLE: _____</p> <p>REGISTRATION DATE: _____ RENEWAL DATES: _____</p> <p>EXPIRATION DATE:* _____ DSW CARD ISSUED?: <b>NO?</b> YES? #: _____</p> <p>PROCESSED BY: _____ DATE: _____ TO CENTRAL FILES: _____</p>
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NAME: LAST			FIRST			MI			SSN:			
ADDRESS:						CITY:			STATE		ZIP:	
COUNTY:						HOME PHONE:			WORK PHONE:			
PAGER:						E-MAIL:			DATE OF BIRTH: (optional)			
DRIVER LICENSE NUMBER: (if applicable)						DRIVER LICENSE CLASSIFICATION: A? B? C?			LICENSE EXPIRATION DATE:			
PROFESSIONAL LICENSE: (if applicable)						FCC LICENSE: (if applicable)			LICENSE EXPIRATION DATE:			
IN CASE OF EMERGENCY, CONTACT:									EMERGENCY PHONE:			
PHYSICAL IDENTIFICATION:			HAIR:		EYES:		HEIGHT:		WEIGHT: (optional)		BLOOD TYPE: (optional)	
COMMENTS:												

### Government Code §3108-3109:

Every person who, while taking and subscribing to the oath or affirmation required by this chapter, states as true any material matter which he or she knows to be false, is guilty of perjury, and is punishable by imprisonment in the state prison for two, three, or four years. Every person having taken and subscribed to the oath or affirmation required by this chapter, who, while in the employ of, or service with, the state or any county, city, city and county, state agency, public district, or disaster council or emergency organization advocates or becomes a member of any party or organization, political or otherwise, that advocates the overthrow of the government of the United States by force or violence or other unlawful means, is guilty of a felony, and is punishable by imprisonment in the state prison.

LOYALTY OATH OR AFFIRMATION (GOVERNMENT CODE §3102)	
<p>I, _____, do solemnly swear (or affirm) that I will support and defend the  <small style="margin-left: 100px;">PRINT NAME</small></p> <p>Constitution of the United States and the Constitution of the State of California against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of California; that I take this obligation freely, without any mental reservations or purpose of evasion; that I will well and faithfully discharge the duties upon which I am about to enter. I certify under penalty of perjury that the foregoing is true and correct.</p>	
DATE	SIGNATURE
IF UNDER 18 YEARS OLD, SIGNATURE OF PARENT/GUARDIAN	
SIGNATURE OF OFFICIAL AUTHORIZED TO ADMINISTER LOYALTY OATH	
TITLE	

\*Registration for the active DSW Volunteer is effective for the period the person remains a member with that organization; for a volunteer registering for an intermittent or a single event, the expiration date is set at the discretion of the Accredited Disaster Council but not to exceed one year. (See Govt. Code §3102)



NEVADA COUNTY  
SHERIFF'S OFFICE



SHANNAN MOON  
SHERIFF/CORONER  
PUBLIC ADMINISTRATOR

# IDENTIFICATION CARD INFORMATION FORM

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Position: SAR Volunteer

Date of Retirement: N/A

Sex: \_\_\_\_\_

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Hair: \_\_\_\_\_

Eyes: \_\_\_\_\_

DOB: \_\_\_\_\_

CDL: \_\_\_\_\_

OSN: N/A

Blood Type: \_\_\_\_\_

Date issued / Date Qualified: \_\_\_\_\_

.....  
**For Office Use Only:**

**Date Requested:**

**Card Issued: In Person / Mailed**

**Picture Updated:**

**Contact Info Updated in TMS:**



# NEVADA COUNTY SHERIFF'S SEARCH AND RESCUE, INC.

A California Non-Profit Corporation

## New Member Information

(Please Print)

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Primary

Secondary

Cell Phone: \_\_\_\_\_

Provider: \_\_\_\_\_

Primary

Secondary

E-mail Address: \_\_\_\_\_

Primary means that this is the 1<sup>st</sup> phone number to call on a search callout.

Secondary means that this will be the next phone call made to reach you



## REQUEST FOR LIVE SCAN SERVICE

### Applicant Submission

ORI (Code assigned by DOJ)

Authorized Applicant Type

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

### Contributing Agency Information:

Agency Authorized to Receive Criminal Record Information

Mail Code (five-digit code assigned by DOJ)

Street Address or P.O. Box

Contact Name (mandatory for all school submissions)

City State ZIP Code

Contact Telephone Number

### Applicant Information:

Last Name

First Name Middle Initial Suffix

Other Name  
(AKA or Alias) Last

First Suffix

Date of Birth Sex  Male  Female

Driver's License Number

Height Weight Eye Color Hair Color

Billing Number  
(Agency Billing Number)

Place of Birth (State or Country) Social Security Number

Misc. Number  
(Other Identification Number)

Home Address Street Address or P.O. Box

City State ZIP Code

Your Number: \_\_\_\_\_  
OCA Number (Agency Identifying Number)

Level of Service:  DOJ  FBI

If re-submission, list original ATI number:  
(Must provide proof of rejection)

Original ATI Number

### Employer (Additional response for agencies specified by statute):

Employer Name

Mail Code (five digit code assigned by DOJ)

Street Address or P.O. Box

City State ZIP Code

Telephone Number (optional)

### Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency LSID

ATI Number Amount Collected/Billed

# NEVADA COUNTY SHERIFF'S SEARCH AND RESCUE MEMBERSHIP

## The NCSSAR Interview Process

The interview shall include but is not limited to:

1. Information gathering on applicant areas of expertise, motivation, and limitations.
2. Details on requirements and expectations from the Sheriff during each phase of a volunteer's development within NCSSAR, summarized here and acknowledged via initialing each requirement:

a. **Recruit** –

\_\_\_\_\_ Attendance and satisfactory completion of all classroom sessions, homework assignments, field practice, and evaluation activities required to complete the NCSSAR Academy.

\_\_\_\_\_ Acknowledge receipt of the NCSSAR Academy Training Calendar for all required dates during this period.

\_\_\_\_\_ Students must log into NCSSAR's software to: complete their personal profiles; check the calendar for upcoming events and exercises; indicate their attendance at Academy sessions, as well as other events and exercises; and access files and resources.

\_\_\_\_\_ Recruits should attend monthly meetings, bi-monthly team trainings, and fundraisers which occur during this period.

b. **Member Year 1** – after completion of the NCSSAR Academy and becoming mission ready, members enter a 12 month probationary period.

\_\_\_\_\_ During this time, members must: attend at least 6 searches; attend at least 4 of 6 full team bi-monthly training exercises; attend at least 6 of 15 monthly meetings (including meetings in Nevada City and in Truckee); and participate in at least 1 of 2 annual fundraisers.

\_\_\_\_\_ Acknowledge receipt of the NCSSAR Annual Calendar for all required dates in this calendar year. The schedule illustrates a typical year for NCSSAR participation.

\_\_\_\_\_ New members are encouraged to join specialty team(s) and to participate in related training.

\_\_\_\_\_ At the end of the 12 month period, the member's performance and compliance with stated guidelines and expectations will be evaluated by NCSSAR before Full Member status is granted.

c. **Full Member** – responsible for participation in ongoing training and search activities after satisfactory completion of Year 1.

\_\_\_\_\_ Members must remain current on all required certifications/qualifications.

\_\_\_\_\_ Yearly minimums have been established for participation: attend at least 6 searches each year; attend at least 4 of 6 full team bi-monthly trainings; attend at least 6 of 15 monthly meetings (including meetings in Nevada City and in Truckee); and attend at least 1 of 2 annual fundraisers.

3. After discussion and an opportunity to review the schedule, the prospective member will sign off on their understanding of and commitment to these expectations.
4. Upon completion of a background investigation and approval by the NCSSAR Board, an applicant will be notified of his/her acceptance or rejection to NCSSAR.

# NEVADA COUNTY SHERIFF'S SEARCH AND RESCUE MEMBERSHIP

## NCSSAR Conditions and Procedures

It is important that a clear understanding of conditions and procedures be explained to all who are considering membership with the NCSSAR Team. The interview is intended to clarify conditions and procedures which include, but are not limited to, the following list:

1. No payment will be rendered for your services, and you will furnish your personal equipment. Only in certain instances will the County be responsible for loss or damage to your equipment. Meals will be furnished whenever possible while engaged in missions. Each member should carry food and water sufficient for 24 hours.
2. While on assigned duty, you will be covered by Workman's Compensation. Voluntary service to a law enforcement agency may affect the validity of your own insurance. Whether or not the County will be civilly liable for your actions while on assigned duty will depend on individual circumstances.
3. You will be expected to respond immediately when called, regardless of time of day, unless you have a valid excuse. Habitual failure to respond, even with an excuse may result in termination.
4. The success of a SAR mission is directly related to a maximum effort offered by each member. Individual recognition, however, should not be the goal of any member. Full cooperation, along with a positive and encouraging attitude is vital whenever engaged in any SAR activity. Persons creating disharmony among other personnel (poor attitude and/or derisive behavior, and negative attitudes that affect the effectiveness of other SAR volunteers) will be grounds for dismissal.
5. No member will converse or submit to an interview with the Press or news media at any time. If questioned by any representative of the Press or family members, volunteers will refer him or her to the Nevada County SAR Coordinator or SAR Public Information Officer. Should the Press take candid photographs of a search scene, volunteers will conduct themselves in a professional manner at all times.
6. No member will converse with or interview any family member or friend of a missing person, unless assigned as an interviewer by the SAR Coordinator, or is a crisis intervention member who has been assigned by the SAR Coordinator or an Incident Commander to interview or talk to these people.
7. You will work as assigned, at the direction of the SAR Coordinator, or any other person designated as your supervisor and/or Search Manager.
8. You will be expected to serve on an assigned mission until it is completed, or your services are no longer needed.
9. Time off arrangements with your employer for SAR must be made by you. The department will not make such arrangements, nor intercede on your behalf if your employer disapproves.
10. You will conform to department standards regarding personal conduct while on duty, and in no way use your affiliation with SAR for your own benefit. Do not use NCSSAR Identification Card for personal gain.
11. You will not have peace officer powers, nor be permitted to carry firearms during your service as a volunteer member of SAR.

