

RIDGECREST POLICE DEPARTMENT

POLICE AND COMMUNITY TOGETHER (PACT)

**ANIMAL WELFARE UNIT (AWU) APPLICATION PACKAGE
(Animal Shelter Volunteer)**

Dear PACT AWU Applicant:

We appreciate your interest in joining the PACT organization and the Animal Welfare Unit. To formally apply, please fill out the forms in this application.

- VOLUNTEER APPLICATION
- VOLUNTEER PERSONAL DATA
- VOLUNTEER INFORMATION FORM
- EMPLOYEE/VOLUNTEER STATEMENT Form for CLETS

You may return these completed forms to the Ridgecrest Animal Shelter or better yet to the Ridgecrest Police Department to the attention of PACT. Please be advised that because of background checks, review of your application will take 3 – 4 weeks' time.

Andy Pudgorski at the PACT office will call you when the review is complete and you will be asked to come to the Police Department for badging. You may inquire about the status of your application by calling Andy at 760-499-5107 during business hours.

Thank you and we hope to see you volunteering, soon.

Larry Trowsdale
AWU Captain



ANIMAL WELFARE UNIT - VOLUNTEER APPLICATION

RIDGECREST ANIMAL SHELTER

100 W. California Avenue
Ridgecrest, CA 93555
(760) 499-5107

TODAY'S DATE: _____

PERSONAL INFORMATION		
Name: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> (Last) (First) (Middle) </div>		
Mailing Address: _____ <div style="text-align: center; font-size: x-small;">(Street and Number)</div>		Home Phone: _____
(City) _____ (State) _____ (Zip) _____		Business Phone: _____
Email Address: _____		Cell Phone: _____
Person to call in an emergency: _____		Phone Number: _____
How did you hear about volunteer opportunities at the City of Ridgecrest? <input type="checkbox"/> Friend <input type="checkbox"/> Association with the program <input type="checkbox"/> City of Ridgecrest Website <input type="checkbox"/> Other _____		
EDUCATION AND SKILLS		
Do you need community service hours for: (check if applicable) <input type="checkbox"/> High School <input type="checkbox"/> College	List any special training, education, skills or hobbies that help us to better place you as a volunteer.	Bilingual Skills – Please indicate language(s) and if you speak, read and/or write the language.
WORK EXPERIENCE		
Present or previous occupations (include volunteer work). Use separate sheet for additional employer information.		
Employer Name and Address: _____	Phone: _____	Duties: _____
Dates: FROM: MM/YYYY TO: MM/YYYY	Reason for Leaving: _____	
Employer Name and Address: _____	Phone: _____	Duties: _____
Dates: FROM: MM/YYYY TO: MM/YYYY	Reason for Leaving: _____	
Employer Name and Address: _____	Phone: _____	Duties: _____
Dates: FROM: MM/YYYY TO: MM/YYYY	Reason for Leaving: _____	
Have you ever been discharged or forced to resign from any position? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been convicted as an adult for any violation of the law? Provide dates, location(s) and penalties. Exclude traffic violations under \$150 and convictions more than two years old for violation of Health and Safety Codes 11357(b) or (c), 11360(b), 11364, 11365 and 11550 as related to marijuana. Conviction is not necessarily a bar to selection. Each case will be given individual consideration. Failure to list all convictions other than those excluded may disqualify you from further consideration (If Yes – Explain under Remarks) <div style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>	Has your driver's license ever been suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No
Remarks (attach additional sheets if necessary) _____ _____		

PERSONAL REFERENCES

NAME	Address where person can be contacted (Include City, State, and Zip Code)	Telephone at which person can be contacted
	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other

VOLUNTEER INFORMAITON

PLEASE CHECK THE TYPE OF VOLUNTEER WORK YOU WOULD LIKE TO DO:

All potential volunteers 18 years of age and older are subject to a criminal background check

- | | | |
|--|--|--|
| <input type="checkbox"/> Animal Shelter | <input type="checkbox"/> Graffiti Clean-Up | <input type="checkbox"/> Traffic Control |
| <input type="checkbox"/> LiveScan Fingerprinting | <input type="checkbox"/> Clerical/Administrative Support | <input type="checkbox"/> Transport |
| <input type="checkbox"/> Vacation House Check | <input type="checkbox"/> Security Patrol | <input type="checkbox"/> Surveillance |
| <input type="checkbox"/> Dispatch Support | <input type="checkbox"/> Special Events | <input type="checkbox"/> Child ID |
| <input type="checkbox"/> Emergency Operations Center | <input type="checkbox"/> Other _____ | |

Please state what days and times you are available to volunteer.

DAY	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
TIME							

I understand that, as a volunteer, I am representing the City of Ridgecrest and will adhere to the guidelines set forth by the program. I acknowledge that the City of Ridgecrest does not take court referred volunteers.

Signature _____ Date _____
MM/DD/YYYY

CITY OF RIDGECREST

RIDGECREST POLICE DEPARTMENT Police And Community Together

Volunteer Personal Data

(PRINT ONLY – DO NOT TYPE)

Date _____
MM/DD/YYYY

Full Name _____
(First) (Middle) (Last)

Other Names Used/Maiden Name _____

Date of Birth _____ Place of Birth _____
MM/DD/YYYY

SSN# _____ Driver's License # _____ State _____

Sex _____ Race _____ Height _____ Weight _____ Eyes _____ Hair _____

Current Address _____
(Street No.) (City) (State) (Zip)

Home Phone _____ Work Phone _____

IN CASE OF EMERGENCY, NOTIFY:

Name _____ Relationship _____

Address _____
(Street No.) (City) (State) (Zip)

Home Phone _____ Work Phone _____

100 West California Avenue, Ridgecrest, CA 93555-4054

Phone: (760) 499-5107

**CITY OF RIDGECREST
VOLUNTEER INFORMATION FORM**

DATE: (MM/DD/YYYY)		DEPARTMENT:	
APPLICANT NAME:			
SOCIAL SECURITY NUMBER:		DATE OF BIRTH: (MM/DD/YYYY)	
ADDRESS:			
CITY:	STATE:	ZIP:	
TELEPHONE NUMBER:		EMERGENCY CONTACT	
		NAME:	
		PHONE:	

As a VOLUNTEER I realize that I am subject to a code of ethics similar to that which binds the professionals in the field in which I work. I like them, assume certain responsibilities and expect to account for what I do in terms of what I am expected to do. I will keep confidential matters confidential.

I interpret "VOLUNTEER" to mean that I have agreed to work without compensation in money, but having been accepted as a worker, I expect to do my work according to standards as the paid staff expect to do their work.

I promise to take to my work an attitude of open-mindedness; to be willing to be trained for it; to bring to it interest and attention.

I believe that my attitude toward volunteer work should be professional. I believe that I have an obligation to my work, to those who direct it, to my colleagues, to those for whom it is done and to the public. Being eager to contribute all that I can to human betterment, I accept this code for the volunteer as my code to be followed carefully and cheerfully.

VOLUNTEER WORKER'S SIGNATURE

SUPERVISOR'S SIGNATURE

DATE (MM/DD/YYYY)

DATE (MM/DD/YYYY)

cc: Human Resources

EMPLOYEE/VOLUNTEER STATEMENT FORM

USE OF CLETS CRIMINAL JUSTICE INFORMATION AND DEPARTMENT OF MOTOR VEHICLES RECORD INFORMATION

As an employee/volunteer of RIDGECREST POLICE DEPARTMENT, you may have access to confidential criminal records, Department of Motor Vehicle records, or other criminal justice information, much of which is controlled by statute. All access to California Law Enforcement Telecommunications System (CLETS) related information is based on the "need to know" and the "right to know". Misuse of such information may adversely affect an individual's civil rights, and violates the law and/or CLETS policy.

Penal Code Section 502 prescribes the penalties relating to computer crimes. Penal Code Sections 11105 and 13300 identify who has access to criminal history information and under what circumstances it may be released. Penal Code Sections 11141-11143 and 13302-13304 prescribe penalties for misuse of criminal history information. Government Code Section 6200 prescribes the felony penalties for misuse of public record and CLETS information. California Vehicle Code Section 1808.45 prescribes the penalties relating to misuse of Department of Motor Vehicle record information. Penal Code Sections 11142 and 13303 state:

"Any person authorized by law to receive a record or information obtained from a record who knowingly furnishes the record or information to a person not authorized by law to receive the record or information is guilty of a misdemeanor."

Any employee/volunteer who is responsible for CLETS misuse is subject to immediate dismissal from employment. Violations of the law may result in criminal and/or civil action.

I HAVE READ THE ABOVE AND UNDERSTAND THE POLICY REGARDING MISUSE OF ALL CLETS ACCESSIBLE INFORMATION .

Signature: _____

Print name: _____

Date: _____