RANCHO MIRAGE COPS
VOLUNTEER APPLICATION

Name: _____
Last *First* *Initial*

Address: _____
Number *Street*

Address: _____
City *State* *ZIP*

Phone: _____ Cell Phone: _____

Date of Birth: _____ Country of Birth: _____ Citizenship: _____

Email Address: _____

Height: _____ Weight: _____ Hair: _____ Eyes: _____ Gender: _____

Drivers License #: _____ Exp: _____ State: _____

Drivers License Limitations: _____

Have you ever been convicted of a crime in the past 10 years? _(Yes)___(No)_____

If Yes, describe:_____ _____

Education (circle highest grade attended): 7 8 9 10 11 12 13 14 15 16

Current Employment (if not retired): _____

Emergency Contact: _____ Relationship: _____

Address: _____ Phone: _____

Physician: _____ Phone: _____

Please list any skills: electronics, construction, CPR, photography, computer, etc:

_____

_____

I hereby state that all information supplied in this application is true:

Signature: _____ Date: _____

RANCHO MIRAGE COPS
INSURANCE INFORMATION
BIOGRAPHICAL SKETCH

Automobile Insurance Carrier: _____ Expires: _____

The Board of Supervisors for the County of riverside requires County volunteers who operate their own private vehicles on County business provide the following minimum vehicle liability insurance coverage:

- $15,000/$30,000 for bodily injury or death
- $ 5,000 for property damage

☐ I hereby certify that I have reviewed, and understand, the requirements and/or limitations, included in the insurance information provided above.

☐ I hereby certify that I now maintain the minimum liability insurance coverage, as required by the Board of Supervisors. I further certify that I will continue to maintain this coverage for as long as I am a volunteer with the County of Riverside and drive my private vehicle or a County vehicle on official County business. I further certify that I now have and will continue to maintain a current US Driver's License. I also certify that I have no medical conditions precluding me from safely operating a vehicle.

Signature: _____ Date: _____

BIOGRAPHICAL SKETCH

Civic Involvement, education, work experience, other pertinent background and supplemental material relevant to being a COPS volunteer:

_____

_____

_____

_____

_____

_____

_____

_____

Applicant Submission

ORI: CA0330040 (Code assigned by DOJ)

Type of Application: ☐ Employment ☐ License, Certification, Permit ☑ Volunteer

Job Title or Type of License, Certification or Permit: COPS - Rancho Mirage

Agency Address Set Contributing Agency: _____

RSO – Palm Desert
Agency authorized to receive criminal history information

07874
Mail Code (five digit code assigned by DOJ)

73705 Gerald Ford Drive
Street No.

Contact Name (Mandatory for all school submission)

Palm Desert, CA 92211
City State Zip Code

(760) 836-1600
Contact Telephone No.

Name of Applicant: _____
(Please print) Last First MI

AKA's: _____ CDL No. _____

DOB: _____ SEX: ☐ Male ☐ Female Misc. No. BIL - 120030
Agency Billing Number (if applicable)

HT: _____ WT: _____ Misc. No. _____

EYE Color: _____ HAIR Color: _____ Home Address: (Applies only if Youth Org/HRA or Public Utility submission)

POB: _____

Street or PO Box

SOC: _____

City, State and Zip Code

Your Number: _____
OCA No. (Agency Identifying No.)

Level of Service ☑ DOJ ☐ FBI

If resubmission, list Original ATI No. _____

Employer: (Additional response for Department of Social Services, DMV/CHP licensing, and Department of Corporations submissions only)

Employer Name

Mail Code (five digit code assigned by DOJ)

Street No. Street or PO Box

Agency Telephone No. (Optional)

Lives Scan Transaction Completed By: _____ Date _____

RSO – Palm Desert
Transmitting Agency

ATI No.

Amount Collected/Billed

RIVERSIDE COUNTY SHERIFF'S DEPARTMENT

PALM DESERT STATION

RIDE-A-LONG APPLICATION

Incomplete applications will not be processed

Last Name, First Name, MI _____ Date of Birth _____ Date of Application _____

Address, City _____ Telephone Number _____ Preferred day/night to participate _____

Occupation (if student, name of institution) _____ Drivers License # / State _____

Next of kin be contacted in case of emergency _____ Telephone Number _____

Doctor or Medical Facility name and address _____ Type of personal accident insurance _____

Have you ever been arrested for a criminal offense other than minor traffic offenses? _____

If Yes, please explain: _____

Have you had any contact with the criminal justice system? _____ If yes, please explain: _____

Reason for requesting to ride along? _____

APPROVAL FOR RIDE ALONG OR DIRECT LAW ENFORCEMENT EXPERIENCE

APPROVED _____ DISAPPROVED _____

REASON FOR DISAPPROVAL _____

Station Commander Signature _____ Watch Commander Signature _____

To be completed by employees assigned. Please print or type information.

Assigned to: _____

Any Significant crimes or problems you and your observer became involved in: _____

Number of hours observer remained: _____ Did observer interfere with your duties? _____

If yes, explain _____

Employee's Signature _____

AGREEMENT ASSUMING RISK OR INJURY OR DAMAGE
WAIVER AND RELEASE OF CLAIMS

AS USED IN THIS AGREEMENT, THE TERM "LAW ENFORCEMENT DEPARTMENT" SHALL INCLUDE THE SHERIFF'S DEPARTMENT OF RIVERSIDE COUNTY AND THE POLICE DEPARTMENTS OF THE SEVERAL CITIES WITHIN RIVERSIDE COUNTY. THE TERM "COUNTY" SHALL REFER TO RIVERSIDE COUNTY AND THE TERM "CITY" SHALL REFER TO EACH AND EVERY CITY WITHIN RIVERSIDE COUNTY AS APPROPRIATE.

WHEREAS, THE UNDERSIGNED BEING (UNDER) (OVER) THE AGE OF TWENTY-ONE AND NOT BEING A MEMBER, EMPLOYEE, OR AGENT OF ANY LAW ENFORCEMENT DEPARTMENT, HAS MADE A VOLUNTARY WRITTEN REQUEST FOR PERMISSION TO RIDE AS A GUEST OR OBSERVER IN A LAW ENFORCEMENT DEPARTMENT VEHICLE AT A TIME WHEN SUCH VEHICLE IS OPERATED AND MANNED BY MEMBERS OF SAID LAW ENFORCEMENT DEPARTMENT AND HAS FURTHER REQUESTED PERMISSION TO ACCOMPANY A MEMBER OR MEMBERS OF SAID LAW ENFORCEMENT DEPARTMENT DURING THE ACTIVE PERFORMANCE OF THEIR OFFICIAL DUTIES AS POLICE OFFICERS OR SHERIFF'S DEPUTIES; AND

WHEREAS, THE UNDERSIGNED ACKNOWLEDGES THAT THE WORK AND ACTIVITIES OF SAID LAW ENFORCEMENT DEPARTMENT ARE INHERENTLY DANGEROUS INVOLVING POSSIBLE RISK OF INJURY, DAMAGE, EXPENSE OR LOSS TO PERSON AND PROPERTY AND FURTHER AGREES THAT THE SAID LAW ENFORCEMENT DEPARTMENT DID NOT TAKE THE INITIATIVE IN EXTENDING AN INVITATION TO RIDE OR ACCOMPANY ITS MEMBERS;

NOW, THEREFORE, BE IT UNDERSTOOD THAT THE UNDERSIGNED AND HIS PARENT OR GUARDIAN HEREBY AGREES THAT THE CITY, THE COUNTY, THE LAW ENFORCEMENT DEPARTMENT, ANY MEMBER OF A LAW ENFORCEMENT DEPARTMENT, THE DRIVER OR OWNER OF ANY AUTOMOBILE OWNED OR OPERATED BY, OR IN THE SERVICE OF THE CITY OR COUNTY, THEIR SURETIES, AND EACH OF THEM SHALL NOT BE HELD LIABLE OR RESPONSIBLE UNDER ANY CIRCUMSTANCES WHATSOEVER BY THE UNDERSIGNED, HIS ESTATE OR HEIRS FOR ANY INJURY, DAMAGE, EXPENSES OR LOSS TO THE PERSON OR PROPERTY OF THE UNDERSIGNED INCURRED WHILE RIDING AS A GUEST OR OBSERVER IN ANY LAW ENFORCEMENT DEPARTMENT VEHICLE OR WHILE ACCOMPANYING A MEMBER OF SAID DEPARTMENT DURING THE ACTIVE PERFORMANCE OF HIS/HER OFFICIAL DUTIES AS A PEACE OFFICER.

NOTE: READ THIS DOCUMENT COMPLETELY BEFORE SIGNING

DATE: _____ SIGNATURE: _____

PARENT OR GUARDIAN SIGNATURE: _____

ADDRESS: _____

PHONE NUMBER: _____

AFTER COMPLETED EXPERIENCE, PLEASE WRITE A STATEMENT IN YOUR OWN WORDS DESCRIBING YOUR ACTIVITIES AND OPINIONS. THANK YOU.

_____

_____

_____

_____

_____