



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 07874 Agency authorized to receive criminal history information 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 (760) 836-1600

City State Zip Code 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/CIIP 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.
