



**JOE PELLE**  
Sheriff

# Boulder County Sheriff's Office

## ***VOLUNTEER APPLICATION***

<u>NAME</u>	
_____	_____
LAST	FIRST

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Headquarters  
5600 Flatiron Parkway  
Boulder, Colorado 80301  
303-441-3600

Communications · Emergency Management  
3280 Airport Road  
Boulder, Colorado 80301  
303-441-4444 · 303-441-3390

Jail  
3200 Airport Road  
Boulder, Colorado 80301  
303-441-4600



**RESIDENCES**

Except for your current address list all past residences for the last five (5) years beginning with your last previous address.

Street address	City/State/Zip	Dates
Street Address	City/State/Zip	Dates
Street Address	City/State/Zip	Dates
Street Address	City/State/Zip	Dates
Street Address	City/State/Zip	Dates

**EMPLOYMENT EXPERIENCE**

Beginning with your current employment, list your work history for the last five (5) years, including part time and temporary jobs.

Dates From:	Employer	Address/City/State/Zip	Supervisor:  Phone:
To:	Job Title	Description of Duties	
Dates From:	Employer	Address/City/State/Zip	Supervisor:  Phone:
To:	Job Title	Description of Duties	
Dates From:	Employer	Address/City/State/Zip	Supervisor:  Phone:
To:	Job Title	Description of Duties	

**Foreign Language Skills**

List foreign languages and rate your level of ability for each as excellent, good, or fair.

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**REFERENCES**

List three persons who are not your relatives who can provide both current and past information about you.

1. Name	Relationship	Years Known
Address/City/State/Zip	Phone Number	Email
2. Name	Relationship	Years Known
Address/City/State/Zip	Phone Number	Email
3. Name	Relationship	Years Known
Address/City/State/Zip	Phone Number	Email

**EDUCATION**

Beginning with the most current, list all high schools and colleges you attended. If you received the GED, provide number, date and location.

Name and location of Institution	Dates Attended		Credits	Major	Degree
	From	To			

**VOLUNTEER EXPERIENCE**

Beginning with the most current, list the organizations and affiliations with whom you have performed volunteer work.

Dates From:	Organization	Address/City/State/Zip	Supervisor:
To:	Description of Work		Phone:
Dates From:	Organization	Address/City/State/Zip	Supervisor:
To:	Description of Work		Phone:
Dates From:	Organization	Address/City/State/Zip	Supervisor:
To:	Description of Work		Phone:

**CIVIL LITIGATION**

Have you ever been the defendant of a lawsuit or received notice of claim to be sued? No Yes If yes, please explain:

**DRUG USE**

Describe your use of marijuana, and/or any drugs not prescribed by your physician and date you last used:

**DRIVER'S LICENSE AND VEHICLE INFORMATION**

License Number	Type	State of Issue	Expiration Date
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Have you ever had your driver's license revoked or suspended or have you ever been denied issuance of a driver's license? No Yes  
If yes, please explain:

Do you own a car? Yes No Do you have full vehicle insurance? Yes No

**TRAFFIC AND CRIMINAL ARREST INFORMATION**

Beginning the most current, list each occurrence for which you received a traffic, or criminal summons and/or that you were arrested.

Date	Location	Offense/Charge
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Disposition

Date	Location	Offense/Charge
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Disposition

Date	Location	Offense/Charge
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Disposition

**HEALTH AND MEDICAL INFORMATION**

Do you have any disabilities, handicaps, chronic illnesses or physical limitations that would prohibit you from performing in this position?

Yes      No

If yes, please explain:

PLEASE EXPLAIN WHY YOU ARE INTERESTED IN BECOMING A VOLUNTEER FOR THE BOULDER COUNTY SHERIFF'S OFFICE. INCLUDE IN YOUR RESPONSE WHAT SKILLS AND INTERESTS YOU WILL BRING WITH YOU AND WHAT YOU HOPE TO DERIVE THROUGH THIS TYPE OF VOLUNTEERING.



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# Boulder County Sheriff's Office

## AUTHORIZATION FOR THE RELEASE OF INFORMATION AND RECORDS

### AUTHORIZATION TO RELEASE CREDIT AND CHARACTER INFORMATION

Having made application with the Boulder County Sheriff's Office, I hereby authorize a complete investigation of my record by the Boulder County Sheriff's Office, or another police agency authorized to conduct their applicant investigation, to ascertain any and all information which may concern my credit or character, whether same is of record or not and release your organization and all persons whosoever from any charge because of furnishing said information. I hereby acknowledge that I am aware the results of this investigation are confidential for Boulder County Sheriff's Office use only and will not be disclosed to myself or any other person.

### SCHOOL INFORMATION AUTHORIZATION

This is to authorize the release to Boulder County Sheriff's Office, or another police agency authorized to conduct their applicant investigation, information regarding my school records and transcripts.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_,

\_\_\_\_\_  
Date Commission Expires

\_\_\_\_\_  
Notary Public