

Harvey Gjesdal
SHERIFF

Don E. Culp
UNDERSHERIFF

Michael R. Wagg
CHIEF CRIMINAL DEPUTY

Michael M. Dingle
EMERGENCY MANAGEMENT
SPECIALIST



DOUGLAS COUNTY SHERIFF

Auxiliary Volunteer Services

Main Office/Administration

110 NE 2nd STREET Suite 200
EAST WENATCHEE, WA 98802
(509) 884-0941
(509)884-1535
(509) 886-1045 FAX

Court House

POST OFFICE BOX 665
WATERVILLE, WA 98858
(509) 745-8564
(509) 745-8806 FAX

Main Office/Administration

POST OFFICE BOX 490
BRIDGEPORT, WA 98813
(509) 686-3741
(509) 686-4671 FAX

WWW.DOUGLASCOUNTYSHERIFF.ORG

IN WASHINGTON STATE 800-452-1732

Dear Applicant,

Thank you for your interest in the Douglas County Auxiliary Volunteer Program. The Auxiliary Crime Prevention Unit is a volunteer, non-commissioned unit that serves in a support capacity to the Sheriff's Office by providing extra patrol, radar board operation, traffic control, planned events and residence/vacation watch checks while homeowners are away. Today, this program is recognized as a V.I.P. (Volunteers in Policing) program within the Department of Homeland Security Citizen Corps Program and Douglas County Citizen Corps.

I am enclosing the Auxiliary Unit Application for you to review, complete and return to:

Douglas County Sheriff's Office
Auxiliary Program Director
110 NE 2nd Street, Suite 200
East Wenatchee, WA 98802

You will receive a letter or phone call upon your application acceptance or denial. Upon acceptance you will go through a program introduction which will cover items such as; The Douglas County Sheriff's Office (DCSO) Mission Statement, Code of Ethics, the Douglas County Sexual Harassment Policy, and the DCSO rules and regulations. The application process can take up to 14 business days. If you have any questions about your application or the program, please call (509) 884-0941 during business hours.

Sincerely,

Michael M. Dingle
Auxiliary Program Director
Emergency Management Specialist
Douglas County Sheriff's Office

Attachment



AUXILIARY UNIT APPLICATION

Douglas County Sheriff's Office
Harvey Gjesdal, SHERIFF

PLEASE TYPE OR PRINT – FULLY ANSWER ALL QUESTIONS – USE INK ONLY
An Incomplete Statement May Disqualify Your Application

PERSONAL INFORMATION

Last Name		First Name		Middle	Social Security Number	Date of Birth
Street Address			P.O. Box/Apartment	City	State	Zip Code
Home Telephone	Business Telephone	Cellular Phone		Email Address		
Are you 21 years old or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		To aid in our verification, please list any other name(s) by which you have been known:				
Give Addresses for last 5 years if different from current address:						
1.		2.		3.		
Have you ever lived in another state other than Washington? If so, please list each state, city and date of residency:					<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a valid Washington State Drivers License? Drivers License Number: Please list any state in which have held a drivers license:					<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been arrested? If so, please list each Location, Charge, and Deposition:					<input type="checkbox"/> Yes <input type="checkbox"/> No	

Please list any Traffic Citations you have received within the past 3 years. Show each Location, Charge, and Deposition:	
Please list any Traffic Accidents you have been involved within the past 3 years. Show each Location, Charge, and Deposition:	
Have you ever been convicted of a Felony? If so, please list each Date, Location, and Charge:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever served a jail sentence? If so, please list each Date, Location, and Charge:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your Drivers License ever been Suspended or Revoked for Any Reason? If so, please list each Date, Location, and Charge:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please describe your physical health:	
Do you Currently have certification in First Aid, CPR, First Responder, or Emergency Medical Technician? List any First Aid training you have received:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a citizen of the U.S. or are you otherwise legally eligible for employment in the U.S.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<small>(Anyone offered employment is required to provide proper identification and documentation of eligibility for employment in the U.S.)</small>	

Have you ever applied for a Concealed Weapons permit in Washington State? Have you ever had a Concealed Weapons permit Rejected or Revoked? If so, please Explain:		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Did you Graduate High School?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If not, do you have a GED? Please state Location and Date:		<input type="checkbox"/> Yes <input type="checkbox"/> No
What is your Highest Level of Education?	<input type="checkbox"/> High School <input type="checkbox"/> Some College <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Graduate Degree	
Did you serve in the Military? If yes, what Branch of service: Dates of Active Duty: Type of Discharge:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Please list any Colleges/Universities you have attended (including dates and locations):		
Please list any Technical Schools you have attended, including date and location:		
Have you ever has any type of Law Enforcement application Rejected or Have you ever been dismissed from any Law Enforcement position, either full-time or reserve?		<input type="checkbox"/> Yes <input type="checkbox"/> No

EXPERIENCE

Beginning with your present or most recent paid or volunteer position, list your last three employers, including military service. These employers may be contacted for reference purposes.		
1. Name of Organization	Complete Address	Telephone Number
Title		Supervisor's Name
Date of Employment From: _____ To: _____		
Reason for Leaving:		If still employed may we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Name of Organization	Complete Address	Telephone Number
Title		Supervisor's Name
Date of Employment From: _____ To: _____		
Reason for Leaving:		
3. Name of Organization	Complete Address	Telephone Number
Title		Supervisor's Name
Date of Employment From: _____ To: _____		
Reason for Leaving:		

PERSONAL REFERENCES

List three persons who know your qualifications and professional experience. Do not list relatives or supervisors mentioned under "Experience" section. These references will be checked.			
1. Last Name	First Name	Middle Initial	Occupation
Business or Home Address			Telephone Number
2. Last Name	First Name	Middle Initial	Occupation
Business or Home Address			Telephone Number
3. Last Name	First Name	Middle Initial	Occupation
Business or Home Address			Telephone Number

EMERGENCY CONTACT INFORMATION

In the case of an emergency: List a minimum of two emergency contact names and information:

1.	_____	_____	_____	_____	_____
	Last Name	First Name	Address	Home Phone Number	Cell Number
2.	_____	_____	_____	_____	_____
	Last Name	First Name	Address	Home Phone Number	Cell Number
3.	_____	_____	_____	_____	_____
	Last Name	First Name	Address	Home Phone Number	Cell Number

PERSONAL SKILLS

List any foreign languages you speak or comprehend:

_____	Skill level?	<u>Speak</u> : Fluent [] Good [] Fair []
(Language)		<u>Write</u> : Fluent [] Good [] Fair []
		<u>Comprehend</u> : Fluent [] Good [] Fair []
_____	Skill level?	<u>Speak</u> : Fluent [] Good [] Fair []
(Language)		<u>Write</u> : Fluent [] Good [] Fair []
		<u>Comprehend</u> : Fluent [] Good [] Fair []

List any other skills, abilities or experience you possess that you believe may be relevant to this position (include special equipment):

PHOTOGRAPH IDENTIFICATION NECESSARY

You must submit a copy of an official federal or state photograph identification card with this application. Examples of such identification are: driver's license, state identification card, passport, and military identification. Examination of the original document is required prior to any offer of employment.

PRE-EMPLOYMENT PHYSICAL EXAMINATION MAY BE REQUIRED

The Douglas County Sheriff's Office is concerned that every employee/volunteer has the physical ability to safely perform his or her essential job functions. If you are offered volunteer or paid employment, Douglas County

may require a pre-employment physical examination. The physical examination is intended to evaluate whether or not you can safely perform essential job functions without risks to yourself, coworkers and/or the public.

RANDOM DRUG TESTING

Employees holding jobs that are Safety Sensitive Positions (i.e. positions requiring a Commercial Driver's License) are required, under federal law, to participate in random drug and alcohol testing programs. Douglas County strongly supports maintaining a Drug Free Work Place.

EQUAL EMPLOYMENT OPPORTUNITY STATEMENT

As an equal opportunity employer, Douglas County does not discriminate on the basis of race, color, national origin, sex, religion, age, mental or physical disability, marital status, prior military service, political affiliation, or any other legally protected status.

CERTIFICATION, AUTHORIZATION AND AGREEMENT

I hereby certify that all statements made in this application statement are complete and true, to the best of my knowledge. I understand and agree that any false or misleading statement shall be considered sufficient cause for employment disqualification or discharge from employment.

I authorize my current and former employer(s), unless otherwise indicated, to provide the Douglas County Sheriff's Office all available information regarding my current and former employment. I authorize all schools, colleges and universities that I have attended to provide the Douglas County Sheriff's Office all available information regarding my education. I understand that such information may or may not be favorable. I hereby release my current and former employer(s), the educational institutions I have attended, the references I have listed, and the Douglas County Sheriff's Office, and their employees, from any and all claims liability and damages resulting from the release of information.

I am willing to take a pre-employment physical examination or any further testing or training required, if I am offered employment. I agree to submit to a polygraph (lie detector) examination, physical examination, and background investigation if required. I agree to submit any and all information on my military service career, if any, including discharge papers and military history during my tour of duty.

I authorize the Douglas County Sheriff's Office to investigate any of the information in this application. I authorize Douglas County and the Douglas County Sheriff's Office to review all driving record information available through the Department of Licensing.

Signature of Applicant

Date