
SACRAMENTO COUNTY



SHERIFF'S DEPARTMENT

VOLUNTEERS IN PARTNERSHIP WITH THE SHERIFF

JOHN MCGINNESS
Sheriff

**NON-SWORN PERSONNEL
PRE-EMPLOYMENT INVESTIGATION DISCOVERY WAIVER**

I fully recognize that individuals must clearly demonstrate their personal, medical, physical and psychological fitness to serve in a position of trust within the Sacramento County Sheriff's Department. I further recognize that this employing agency has a legal as well as a moral obligation to take every reasonable effort to insure that a person employed by them conform to the very highest standards.

To that end, I recognize that this law enforcement agency will conduct an intensive investigation into my personal, medical and psychological fitness, and that such an investigation will include contacting persons and/or organizations which may feel inhibited, intimidated or otherwise reticent furnishing legitimate information concerning me if the confidentiality of their information cannot be guaranteed on a permanent basis.

Therefore, I release and hold harmless the County of Sacramento, it's Sheriff's Department, officers, agents or assigns, now and in the future, from any claim or damages in law or in equity on behalf of myself, my heirs and assigns, for their refusal to make available any and all information contained in this pre-employment personal, medical and/or psychological investigation, including, but not limited to, the identity(ies) of any person(s) and/or organization(s) which may have supplied information in the course of this investigation, as well as the substance of any information supplied. I hereby waive my right, now and in the future, to examine, review or otherwise discover the contents of this investigation and all related documents.

Dated this _____ day of _____, 20__, in the County of Sacramento, State of California.

Signature of Person Giving Consent

Printed or Typewritten Name of Person Giving Consent

VOLUNTEER APPLICATION-APPENDIX A