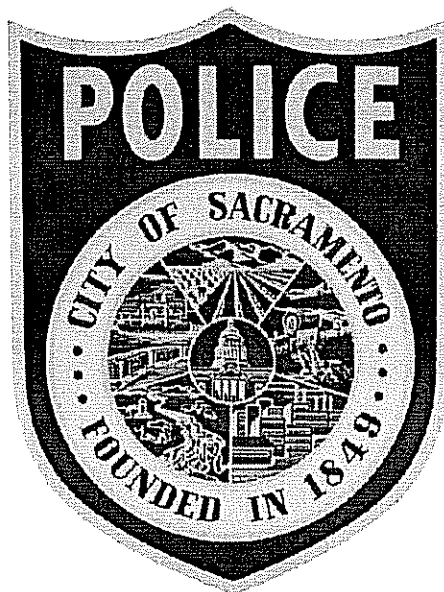


SACRAMENTO POLICE DEPARTMENT



TM

VOLUNTEER APPLICATION PACKET

Stacy Delaney
Assistant Volunteer Coordinator
570 Bercut Drive Suite A
Sacramento, CA 95811
Phone: (916) 264-8653
Fax: (916) 264-8238
www.sacpd.org



VOLUNTEER APPLICANT

Dear Applicant,

Thank you for your interest in becoming a Volunteer with the Sacramento Police Department. Requirements for becoming a Volunteer include:

- Clear criminal history
- Valid California driver's license or I.D. card
- Ability to work 16 hours a month (Preferably volunteering 1-2 days a week with a 4-6 hour commitment each volunteer day)
- A minimum of a 6 month commitment
- Pass required background investigation
- Complete required training
- Have the desire to help your community

Please view and complete the volunteer application. Please submit a resume and at least one letter of recommendation along with your completed application and mail it or deliver to:

Stacy Delaney
Assistant Volunteer Coordinator
570 Bercut Drive Suite A
Sacramento, CA 95811

If you have questions or concerns, you can contact Stacy Delaney at (916) 264-8653 or sdelaney@pd.cityofsacramento.org. Once again, thank you for your interest with the Sacramento Police Department.

SACRAMENTO POLICE DEPARTMENT VOLUNTEERS IN POLICING

APPLICANT INSTRUCTIONS

The Sacramento Police Department appreciates your interest in the Volunteers In Policing Program.

Since volunteers often work with police reports or other confidential documents, all applicants are required to complete the enclosed background and application forms. This will assist the Sacramento Police Department in determining your suitability for the Volunteers In Policing program. The information you provide in the enclosed packet will be used in the investigation of your background in the program and will be kept confidential. Please complete the packet thoroughly and accurately. Keep in mind:

1. The completion of all these forms is mandatory
2. All statements are subject to verification
3. Deliberate inaccuracies or incomplete statements may bar or remove you from volunteering
4. You must account for all time periods

It is to your advantage to respond openly. Any negative factor in your background will be evaluated in terms of the circumstances and facts surrounding its occurrence. For example, being fired from a job or having an arrest record is not in itself grounds for disqualification. During the investigation, the investigator will inquire into the facts surrounding such an occurrence. An evaluation will then be made of the relevance of these facts to the requirements of the job.

Please print in ink or type your responses. If a question does not apply to you, write N/A (not applicable) in the space provided for your answer. If you need more space to respond to a question, use the reverse side of the page.

After you have submitted your completed packet and been fingerprinted, the information will be referred to the Background Unit for verification. Providing you meet the background standards, the volunteer coordinator will attempt to match you based on availability, skills, abilities, and interests, as indicated on your application.

Please be advised that *it may take some time to match you to a Police Department division or unit*, primarily due to the number of applicants and your availability. On occasion, it may be impossible to place a volunteer due to limited skills or unavailability, however, every attempt will be made to place each eligible volunteer in an appropriate position. Once you have been matched, the Forensic Section will issue you an identification number and card.

The Police Department thanks you for taking the time to complete the attached application and background forms. Volunteers play an increasingly important role in the Sacramento Police Department and we wish you success in the Volunteers in Policing Program. For more information, contact the Volunteer Coordinator at 433-0513.

SACRAMENTO POLICE DEPARTMENT



VOLUNTEERS IN POLICE SERVICE
APPLICATION

Date: _____

Name: _____
Last First Middle

Address: _____

City/State/Zip: _____

Home Phone: _____ Work/Cell Phone: _____

E-mail: _____ Birth Date: _____

Soc. Sec. No. _____

Do you have any physical conditions, which would prevent you from performing the specific duties of the job? _____

List any languages, other than English, which you speak fluently? _____

Do you have transportation? _____

Division/Section you are interested in working (If Known) _____

AVAILABILITY

When are you available for volunteering?

	FROM	TO
MONDAY		
TUESDAY		
WEDNESDAY		
THURSDAY		
FRIDAY		
SATURDAY		
SUNDAY		

SKILLS

List any skills (i.e. typing, public speaking, telephones) you possess that would help us to place you in an appropriate volunteer position. If typing is listed, indicate net words per minute.

Computer Experience: List computer software programs where you have experience.

WORK EXPERIENCE

PRESENT/MOST RECENT EMPLOYER	TITLE:
Name:	DUTIES
Address:	
Phone:	
Dates Worked:	
Supervisor	
May we contact Yes <input type="checkbox"/> No <input type="checkbox"/>	Reason for Leaving (If applicable)
FORMER EMPLOYER	TITLE:
Name:	DUTIES
Address:	
Phone:	
Dates Worked:	
Supervisor	
May we contact Yes <input type="checkbox"/> No <input type="checkbox"/>	Reason for Leaving (If applicable)

FORMER EMPLOYER	TITLE:
Name:	DUTIES
Address:	
Phone:	
Dates Worked:	
Supervisor	
May we contact Yes <input type="checkbox"/> No <input type="checkbox"/>	Reason for Leaving (If applicable)

VOLUNTEER EXPERIENCE

Do you have any previous volunteer experience? Yes No

If you answered "YES", indicate your volunteer experience below.

ORGANIZATION & ADDRESS	DATES WORKED	APPROX HRS./WK.	DUTIES

EDUCATION AND TRAINING

Are you a High School graduate or passed a GED test? Yes No

NAME OF COLLEGE, UNIVERSITY, BUSINESS, CORRESPONDANCE, TRADE, OR SERVICE SCHOOL	MAJOR COURSE OF STUDY	DIPLOMA, CERTIFICATE, DEGREE RECEIVED

Additional information you feel is relevant to your application. _____

I heard about the Sacramento Police Department Volunteer program through: _____

I hereby certify that all statements and answers on this form are true and complete.

Signature: _____ Date: _____

SACRAMENTO POLICE DEPARTMENT



PERSONAL HISTORY INFORMATION

CONVICTIONS:

Conviction of a crime is not necessarily a bar to volunteer service. Each case is considered separately based on job requirements.

1. Have you ever been convicted by any court of an offense? Yes No
 - a. DO NOT include
 - i) Minor traffic violations (fines of \$75 or less)
 - ii) Any offense committed prior to your 18th birthday, which was fully adjudicated in Juvenile Court or under a youth offender law.
 - iii) Any incident sealed under Welfare & Institutions Code 781 or Penal Code 1203.45.
2. If "YES", state what offense, when, where, and disposition of case.

3. Is there anything in your past, which might disqualify you from functioning as a volunteer for the Sacramento Police Department? Yes No If "YES", describe briefly:

As a volunteer for a position with the Sacramento Police Department, I am willing to furnish information for use in determining my qualifications. In this connection, I authorize release of any and all information that you may have concerning me, including information of a privileged nature.

I hereby release you, your organization, or others from liability for damage, which may result from furnishing the information required.

I understand that for security reasons a basic clearance check will be conducted and I will be fingerprinted. Further background will be required only if a specific volunteer assignment calls for a full security check. This may include a polygraph.

I hereby certify that all statements and answers on this form are true and complete.

Signature: _____ Date: _____

SACRAMENTO POLICE DEPARTMENT



SUBSTANCE ABUSE QUESTIONNAIRE

APPLICANT NAME _____

DATE _____

ANY ACTIVITY INVOLVING THE USE OF ILLEGAL DRUGS OR NARCOTICS

1.	Have you <u>ever</u> used, tried, tasted, ingested, inhaled, injected, sniffed, smoked, swallowed, pretended to use, simulated use, attempted to use, tested, thought you were using, or experimented with the following?	NO	YES	How many times used. Provide a number	Month & Year last used	Age when last used
	MARIJUANA (<i>grass, weed, pot, doobie, mota, joint, reefer, ganja</i>)					
	HASHISH (<i>hash</i>)					
	CRACK COCAINE (<i>crack, rock, smoked cocaine</i>)					
	COCAINE (<i>coke, snow, candy, snowbird</i>)					
	SPEED					
	METH-AMPHETAMINE (<i>meth, crystal, crank</i>)					
	LSD (<i>Acid, sugar cube, tabs, white lightning, microdot</i>)					
	PCP (<i>Angel dust, sherm, killer weed, lovely, whack, love boat</i>)					
	HEROIN (<i>smack, brown sugar, junk, black tar, H, mud</i>)					
	OPIUM (<i>Dover's powder</i>)					
	MUSHROOMS, PEYOTE (<i>Buttons, cactus, shrooms, magic</i>)					
	BARBITURATES (<i>Downers, reds, red devils, pink ladies</i>)					
	AMPHETAMINES (<i>Uppers, cross tops, whites, bennies</i>)					
	MORPHINE					
	RAVE DRUGS (<i>Rohypnol, ruffles, rocha, liquid X, love drug</i>)					
	ECSTASY (<i>Designer drugs, K-hole, E,TC, GHB, love</i>)					
	AMYL NITRITE (<i>Rush, locker room, climax, snappers</i>)					
	INJECTED STEROIDS					
	ORAL STEROIDS					
	GLUE, PAINT THINNER, PAINT, SOLVENTS, AEROSOLS					

Please explain all "YES" responses on page #4

2. Have you ever used, tried, tasted, ingested, inhaled, injected, sniffed, smoked, swallowed, pretended to use, simulated use, attempted to use, tested, thought you were using, or experimented with any other drug or narcotic not listed above? **Yes No** If yes, provide the following information below.

NAME OF DRUG, NARCOTIC OR CHEMICAL (formal or street name)	How many times used.	Month & year last used	Age when last used

Please explain all responses on page #4

If you respond "yes" to a question, you must provide an explanation on page four (see attached). Fill in all boxes provided. If the incident has occurred more than once, make sure you explain all occurrences. Start with the most recent. Failing to follow instructions or untruthful answers will be cause for disqualification.

Question	NO	YES
3. To the best of your recollection, have you been intoxicated during the last twelve (12) months solely through the consumption of alcoholic beverages? If yes, how many times? _____	___	___
4. Have you <u>ever</u> operated a motor vehicle while you were under the influence of an alcoholic beverage? Date of last occurrence? _____	___	___
5. Have you <u>ever</u> operated a motor vehicle while you were under the influence of narcotics drugs or marijuana? Date of last occurrence? _____	___	___
6. Have you <u>ever</u> worked under the influence of illegal drug, narcotic or controlled substance?	___	___
7. Have you <u>ever</u> had illegal drugs in your possession while at work?	___	___
8. Have you <u>ever</u> injected or had someone inject steroids into your body? (Excluding a medical physician)	___	___
9. Excluding steroids, have you <u>ever</u> injected, or had someone inject, any illegal drug, narcotic or chemical into your body?	___	___
10. Have you <u>ever</u> given or sold marijuana, or any type of illegal substance, chemical, drug or narcotic to anyone under the age of 18 or to someone you believed was under the age of 18?	___	___
11. Have you <u>ever</u> sold marijuana or any type of illegal substance, drug or narcotic?	___	___
12. Have you <u>ever</u> sold or provided any chemical, compound, or element to someone, knowing the purpose was to manufacture an illegal substance, designer drug, narcotic or similar product?	___	___
13. Have you <u>ever</u> manufactured any illegal drug, narcotic or designer drug, or illegal substance or chemical?	___	___
14. Since you have been 16 years old, have you cultivated, grown or purchased marijuana?	___	___
15. Have you <u>ever</u> transported marijuana, any illegal drug or narcotic across the United States border?	___	___

	NO	YES
16. During the last 5 years, have you remained in a private place, where marijuana, illegal drugs, narcotics designer drugs, rave drugs, or any illegal substances were being used?	___	___
17. During the last 10 years, have you allowed someone to use marijuana in your home or in your vehicle?	___	___
18. During the last 10 years, have you allowed someone to use illegal drugs or narcotics in your home or vehicle?	___	___
19. During the last 5 years have you associated with friends, acquaintances or roommates who use marijuana or illegal drugs or narcotics?	___	___
20. During the last 5 years, have you associated with relatives or family members who use marijuana or illegal drugs or narcotics?	___	___
21. Have you <u>ever</u> forged a prescription in order to obtain a drug or narcotic for you or someone else?	___	___
22. Have you <u>ever</u> attempted to obtain a prescription drug or narcotic knowing the prescription was forged?	___	___
23. Have you <u>ever</u> used any drug narcotic or controlled substances that were not prescribed to you by your doctor (<u>using drugs prescribed to friends and or relatives</u>)?	___	___
24. Have you <u>ever</u> purchased or been involved in an illegal drug transaction, or transportation of illegal drugs?	___	___
25. Have you <u>ever</u> given a drug or narcotic to seduce or overpower someone to have sex with you or for another reason without their knowledge, agreement or consent? (“Rivotril “or “Dollar date drug”)	___	___
26. Have you <u>ever</u> attempted any of the above acts?	___	___

**SACRAMENTO POLICE DEPARTMENT
EMPLOYEE COMPUTER SECURITY ACKNOWLEDGEMENT**

Employee Name: _____

ID Number: _____

As an employee of the Sacramento Police Department, you may have access to City, County, State, and Federal automated and manual records regarding individuals, individual criminal history, offenses, and confidential law enforcement information.

The Statute laws and Department General Orders relating to use of automated and manual law enforcement information include, but are not limited to:

1. Section 11105 and 13300-13305, and Section 11140-111444 of the California Penal Code, which regard state and local criminal history.
2. Section 502 of the California Penal Code, which regards misuse of computer information, equipment, and databases.
3. Government Codes 6200-6201, which regard theft, falsification, or removal of official documents and public records.
4. Department General Orders 320.03 and 320.05, which regard automated and manual record security, General Order 320.06, which regards criminal history inquiries, and General Order 360.01, which regards criminal history and records information.

As an employee, you are only allowed access to the databases and records information that apply to your assigned duties. You need to know your right to know must govern your access and use of this information. Any employee who misuses any law enforcement or records information that is obtained as a part of his/her employment or disseminates this information to any unauthorized party, is subject to Departmental disciplinary action, termination, criminal prosecution, and/or civil litigation.

I have read the above paragraphs and understand the policy regarding misuse of record and confidential law enforcement information.

Employee Signature: _____ Date: _____

Witnessed by: _____ Date: _____

SACRAMENTO POLICE DEPARTMENT

APPLICANT'S DESCRIPTIVE INFORMATION

COMPLETE THE FOLLOWING INFORMATION

INVL CODE	SPD#
CITE#:	DATE:
CHARGES:	

NAME			LAST	FIRST	MIDDLE	DATE OF BIRTH	
						/ /	
AKA / NICKNAME / ALIAS / MAIDEN							
SEX	RACE	HEIGHT	WEIGHT	HAIR COLOR			EYE COLOR
				<input type="checkbox"/> BLACK	<input type="checkbox"/> GRAY	<input type="checkbox"/> RED	<input type="checkbox"/> BROWN
				<input type="checkbox"/> BLOND	<input type="checkbox"/> WHITE	<input type="checkbox"/> SALT/PEPPER	<input type="checkbox"/> BLACK
							<input type="checkbox"/> BROWN
							<input type="checkbox"/> BLUE
							<input type="checkbox"/> GRAY
							<input type="checkbox"/> HAZEL
							<input type="checkbox"/> GREEN
SOCIAL SECURITY NUMBER			DRIVERS LICENSE NUMBER			PLACE OF BIRTH	
HOME ADDRESS (NUMBER, STREET, CITY, STATE, ZIP CODE)						HOME PHONE NUMBER	
						() -	
TYPES: (T)-TATTOOS, (S)-SCARS, (M)-MARKS, (P)-PHYSICAL CHARACTERISTICS							
TYPE	LOCATION		DESCRIPTION				
PERMIT TYPE			POSITION APPLYING FOR			APPLICATION DATE	
<input type="checkbox"/> CITY			Volunteer			/ /	
<input checked="" type="checkbox"/> POLICE							
NAME OF BUSINESS			BUSINESS ADDRESS			BUSINESS PHONE	
						() -	

APPLICANTS SIGNATURE

DATE:

FOR OFFICIAL USE ONLY

REGISTRANT

290 PC

11590 H&S

457.1 PC

PROBATION

PAROLE

YES

YES

PROBATION OFFICER: _____

PAROLE OFFICER: _____

DATE OF RELEASE: _____

LENGTH OF PAROLE: _____

CII: _____

DATE ENTERED: _____

FBI: _____

BY: _____

XREF: _____

MNI: _____

INVL. CODES (LIC) – LICENSE, (PER) – PERMIT, (SWN) – SWORN, (CIV) – CIVILIAN, (CTY) – OTHER CITY EMPLOYEE, (CIT) – CITATION

RIGHT THUMB PRINT

REQUEST FOR LIVE SCAN SERVICE
Applicant Submission

ORI: CA0340400 Type of Application: VOLUNTEER
Code assigned by DOJ

Job Title or Type of License, Certification or Permit: VOLUNTEER

Agency Address Set Contributing Agency:

SACRAMENTO POLICE DEPARTMENT 03771
Agency authorized to receive criminal history information Mail Code (five digit code assigned by DOJ)

5770 FREEPORT BLVD, SUITE 100 SGT. DAVID SENS
Street No Street or P O Box Contact Name (Mandatory for all school submissions)

SACRAMENTO, CA 95822-3516 (916) 433-0871
City State Zip Code Contact Telephone No

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

Alias: _____ Driver's License No. _____
Last First

Date of Birth: _____ Sex: Male Female Misc. No. **Bil** - 110051
Agency Billing Number

Height: _____ Weight: _____ Mis. No: _____

Eye Color: _____ Hair Color: _____ Home Address: _____
Street or P O Box

Place of Birth: _____, CA
City, State and Zip Code

Soc: _____

Your Number: _____ Level of Service DOJ FBI
OCA No (Agency Identifying No)

If resubmission, list Original ATI No. _____

Employer: (Additional response for agencies specified by statute)

(N/A)
Employer Name

Street No Street or P O Box Mail Code (five digit code assigned by DOJ)

City State Zip Code Agency Telephone No (optional)

Live Scan Transaction Completed By: _____ Date: _____
Name of Operator

SACRAMENTO POLICE DEPARTMENT \$0.00
Transmitting Agency ATI No Amount Collected/Billed



Sacramento Police Department
Personnel Services Division
5770 Freeport Blvd, Suite #100
Sacramento, CA 95822-3516

DEPARTMENT OF
POLICE

ALBERT NÁJERA
CHIEF OF POLICE

CITY OF SACRAMENTO
CALIFORNIA

5770 FREEPORT BLVD., SUITE 100
SACRAMENTO, CA
95822-3516

PH 916-433-0800
FAX 916-433-0818
WWW.sacpd.org

**VOLUNTEERS IN POLICING
APPLICANT WAIVER**

To Whom It May Concern:

I am an applicant in the Volunteers In Policing program with the **Sacramento City Police Department**. A background investigation will be conducted to determine my fitness to serve as a volunteer.

I hereby direct you, your organization, its Custodian of Records, and/or persons in your employ to release any and all information which you may have concerning me, including, but not limited to: employment information, official employment documents, employment performance data, character reference information, educational records and transcripts (pursuant to Public Law 93-380), medical, surgical, psychological and dental records **if I am offered employment with this agency** (pursuant to the Medical Information Act, Civil Code Section 56 et seq. and 29 C.F.R. 1630), credit and financial information (pursuant to the Banking Privacy and Fair Credit Reporting Acts), local criminal history information (pursuant to Penal Code Section 13300[b][10]), and/or any other information which you may possess.

I exonerate, release and discharge you, your organization, its officers, agents, and assigns, from any liability or damages, whether in law or in equity, now and in the future, for furnishing the information requested by the bearer of this authorization form.

I have specifically and permanently waived any rights I may have to review or inspect any and all information developed in this investigation so your responses will be completely confidential pursuant to Labor Code Section 1198.5. You may retain this form for your files.

CERTIFICATION: I certify that I have read this authorization form, understand its meaning and purpose, and have received a copy of it. I may revoke this authorization at any time by delivering, in writing, such revocation to you/your organization.

DATE: _____

Signature of Applicant

Applicant's Printed Name

Social Security Number

DATE: _____

Signature of Witness

THIS RELEASE EXPIRES 120 DAYS FROM DATE OF SIGNATURE

The mission of the Sacramento Police Department is to work in partnership with the community to protect life and property, solve neighborhood problems, and enhance the quality of life in our city

Last Updated 08/10/04

SACRAMENTO POLICE DEPARTMENT
CHILD, ELDER AND DEPENDENT ADULT ABUSE STATEMENT

Section 11166 of the Penal Code requires any child care custodian, health practitioner, firefighter, animal control officer, or humane society officer, employee of a child protective agency, or child visitation monitor who has knowledge of, or observes, a child in his or her professional capacity or within the scope of his or her employment whom he or she knows or reasonably suspects has been the victim of child abuse to report the known or suspected instance of child abuse to a child protective agency immediately, or as soon as practically possible, by telephone and to prepare and send a written report thereof within 36 hours of receiving the information concerning the incident.

"Child care custodian" includes teachers; an instructional aide, a teacher's aide, or a teacher's assistant employed by any public or private school, who has been trained in the duties imposed by this article, if the school district has so warranted to the State Department of Education; a classified employee of any public school who has been trained in the duties imposed by this article, if the school has so warranted to the State Department of Education; administrative officers, supervisors of child welfare and attendance, or certificated pupil personnel employees of any public or private school; administrators of a public or private day camp; administrators and employees of public or private youth centers, youth recreation programs, or youth organizations; administrators, and employees of licensed community care or child day care facilities; headstart teachers; licensing workers or licensing evaluators; public assistance workers; employees of a child care institution including, but not limited to, foster parents, group home personnel, and personnel of residential care facilities; social workers, probation officers, or parole officers; employees of a school district police or security department; any person who is an administrator or a presenter of, or a counselor in, a child abuse prevention program in any public or private school; a district attorney investigator, inspector, or family support officer unless the investigator, inspector, or officer is working with an attorney appointed pursuant to Section 317 of the Welfare and Institutions Code to represent a minor, or a peace officer, as defined in Chapter 4.5 (commencing with Section 830) of Title 3 of Part 2 of this code, who is not otherwise described in this section.

"Health practitioner" includes physicians and surgeons, psychiatrists, psychologists, dentists, residents, interns, podiatrists, chiropractors, licensed nurses, dental hygienists, optometrists, or any other person who is licensed under Division 2 (commencing with Section 500) of the Business and Professions Code; marriage, family, and child counselors; emergency medical technicians I or II, paramedics, or other persons certified pursuant to Division 2.5 (commencing with Section 1797) of the Health and Safety Code; psychological assistants registered pursuant to Section 2913 of the Business and Professions Code; marriage, family, and child counselor trainees as defined in subdivision (c) of Section 4980.03 of the Business and Professions Code; unlicensed marriage, family, and child counselor interns registered under Section 4980.44 of the Business and Professions Code; state or county public health employees who treat minors for venereal disease or any other condition; coroners; paramedics; and religious practitioners who diagnose, examine, or treat children.

"Child visitation monitor" means any person as defined in Section 11165.15.

The signed statements shall be retained by the employer or the court, as the case may be. The cost of printing, distribution, and filing of these statements shall be borne by the employer or the court.

This subdivision is not applicable to persons employed by child protective agencies, public or private youth centers, youth recreation programs, and youth organizations as members of the support staff or maintenance staff and who do not work with, observe, or have knowledge of children as part of their official duties.

I, _____, hereby acknowledge that as an employee of the Sacramento Police Department, I have read and am aware of the requirements specified in the above listed law. I also acknowledge that I have read and been given a copy of Welfare and Institutions Code §15630.

Signature: _____ Date: _____

WELFARE AND INSTITUTIONS CODE § 15630

§15630. Mandated reporter of abuse.

(a) Any elder or dependent adult care custodian, health practitioner, or employee of a county adult protective services agency or a local law enforcement agency is a mandated reporter

(b) Any mandated reporter, who, in his or her professional capacity, or within the scope of his or her employment, has observed an incident that reasonably appears to be physical abuse, observed a physical injury where the nature of the injury, its location on the body, or the repetition of the injury clearly indicates that physical abuse has occurred or is told by an elder or dependent adult that he or she has experienced behavior constituting physical abuse shall report the known or suspected instance of abuse by telephone immediately or as soon as possible, and by written report sent within two working days, as follows:

(1) If the abuse has occurred in a long-term care facility, except a state mental health hospital or a state developmental center, the report shall be made to the local ombudsman or the local law enforcement agency.

(2) If the suspected or alleged abuse occurred in a state mental health hospital or a state developmental center, the report shall be made to designated investigators of the State Department of Mental Health or the State Department of Developmental Services or to the local law enforcement agency.

(3) If the abuse has occurred any place other than one described in paragraph (1), the report shall be made to the adult protective services agency or the local law enforcement agency

(c) (1) Any mandated reporter who has knowledge of, or reasonably suspects that, types of elder or dependent adult abuse for which reports are not mandated have been inflicted upon an elder or dependent adult or that his or her emotional well-being is endangered in any other way, may report the known or suspected instance of abuse

(2) If the suspected or alleged abuse occurred in a long-term care facility other than a state mental health hospital or a state developmental center, the report may be made to the long-term care ombudsman program.

(3) If the suspected or alleged abuse occurred in a state mental health hospital or a state developmental center, the report may be made to the designated investigator of the State Department of Mental Health or the State Department of Developmental Services, or to a local law enforcement agency or to the local ombudsman

(4) If the suspected or alleged abuse occurred anywhere else, the report may be made to the county adult protective services agency.

(5) If the conduct involves criminal activity not covered in subdivision (b), it may be immediately reported to the appropriate law enforcement agency.

(d) When two or more mandated reporters are present and jointly have knowledge or reasonably suspect that types of abuse of an elder or a dependent adult for which a report is or is not mandated have occurred, and when there is agreement among them, the telephone report may be made by a member of the team selected by mutual agreement, and a single report may be made and signed by the selected member of the reporting team. Any member who has knowledge that the member designated to report has failed to do so shall thereafter make the report.

(e) A telephone report of a known or suspected instance of elder or dependent adult abuse shall include the name of the person making the report, the name and age of the elder or dependent adult, the present location of the elder or dependent adult, the names and addresses of family members or any other person responsible for the elder or dependent adult's care, if known, the nature and extent of the elder or dependent adult's condition, the date of the incident, and any other information, including information that led that person to suspect elder or dependent adult abuse requested by the agency receiving the report.

(f) The reporting duties under this section are individual, and no supervisor or administrator shall impede or inhibit the reporting duties, and no person making the report shall be subject to any sanction for making the report. However, internal procedures to facilitate reporting, ensure confidentiality, and apprise supervisors and administrators of reports may be established, provided they are not inconsistent with this chapter

(g) (1) Whenever this section requires a county adult protective services agency to report to a law enforcement agency, the law enforcement agency shall, immediately upon request, provide a copy of its investigative report concerning the reported matter to that county adult protective services agency.

(2) Whenever this section requires a law enforcement agency to report to a county adult protective services agency, the county adult protective services agency shall, immediately upon request, provide a copy of its investigative report concerning the reported matter to that law enforcement agency.

(3) The requirement to disclose investigative reports pursuant to this subdivision shall not include the disclosure of social services records or case files that are confidential, nor shall this subdivision be construed to allow disclosure of any reports or records if the disclosure would be prohibited by any other provision of state or federal law

(h) Failure to report physical abuse of an elder or dependent adult, in violation of this section, is a misdemeanor, punishable by not more than six months in the county jail or by a fine of not more than one thousand dollars (\$1,000), or by both that fine and imprisonment. *(Added by Stats 1994 ch 594 §9, eff. 11/1/95. Former Section 15631 repealed by Stats 1994 ch 594 §8, eff. 11/1/95.)*

SACRAMENTO POLICE DEPARTMENT



DRIVER'S LICENSE/DRIVING POLICY WAIVER

General Orders No. 420.05

I hereby certify that I have received a copy of G. O. #420.05 regarding driver's licenses and driving City vehicles

I understand that if I am ever given a job assignment that requires me to drive a city vehicle, it is my responsibility to notify my supervisor if I do not possess an appropriate valid California driver's license.

I currently Do Do Not have a valid California driver's license

Print Name:

Badge #:

Signature: _____

Classification:

Organization:

Date:



SACRAMENTO POLICE DEPARTMENT
GENERAL ORDERS



420.05
DRIVERS LICENSES/DRIVING CITY VEHICLES
03-20-96

PURPOSE

To establish procedures to document possession of Drivers' Licenses for personnel driving City vehicles.

POLICY

To ensure only properly authorized and licensed personnel operate City vehicles within the scope of their duties.

PROCEDURE

A. DEFINITION

VOLUNTEER - All people who perform tasks at Department direction without pay.

B. GENERAL

1. Personnel authorized to drive City vehicles shall possess a valid California driver's license.
2. Employees whose job performance requires driving responsibilities shall notify the department immediately when their driver's license is revoked, suspended, or expired.
 - a. The notice shall be delivered via the chain of command to the Personnel Services Division (PSD). PSD shall confer with the City Safety Officer and the Office of Labor Relations after investigation
 - b. The Office of Labor Relations shall confer with the Chief of Police or a designated representative in reference to the appropriate action to be taken.
3. If a volunteer's tasks require driving City vehicles, permission must be obtained by the section commander.
4. All volunteers are to be clearly advised of the limits of their driving privilege. Any deviation may result in a volunteer being removed from the program.

SACRAMENTO POLICE DEPARTMENT



IDENTIFICATION CARD INFORMATION

Please return this form to the Identification Unit located at 5770 Freeport Blvd., main lobby

NOTE:

1. If you are required to wear a uniform, you must be in class "A" from the waist up for your photo identification appointment.
2. You must bring in your old identification cards. New identification cards will not be issued until old cards have been turned in.

Call (916) 433-0780 to make an appointment. Date/Time

Today's Date

Office Phone #

Last Name

First Name
(as it will appear on your card)

M.I.

Position/Rank

Badge/ID #

Height

Weight

Hair

Eyes

Blood Type

Date of Birth

IMPORTANT: Please check for accuracy of information on your new identification card(s)

Current Employee

No

Yes

Issue

One Card

Two Cards

This applies only to sworn personnel:

Card Type: Circle the officer's choice below:

1 Part = This is the same size as your clip on ID.

2 Part = This ID has two different sizes along with a separate physical description card.

Authorized By: _____
(Signature)

NOTE: Form must be signed prior to issuance of any ID card.

SACRAMENTO POLICE DEPARTMENT



VOLUNTEER APPLICANT ~ COMMITMENT FORM

- 1.) I understand that, pending background and interview, I am volunteering for a minimum of six (6) months.
- 2.) I understand that I will be required to attend the initial training sessions, hands-on training and additional on-going training, as needed.
- 3.) I understand that the Police Department is required to complete background checks on all volunteer applicants prior to being accepted as a volunteer.
- 4.) I understand that the Police Department reserves the right to withdraw my volunteer status at any time for any reason.
- 5.) I understand that I will be required to volunteer a minimum of sixteen (16) hours per month.
- 6.) I understand that I will not be paid for my time or services, I am not officially an employee of the City of Sacramento and I may not represent myself as anything other than a volunteer.
- 7.) I am seeking the opportunity to become a volunteer for the City of Sacramento voluntarily and no promises, agreements, or other inducements have been made.

I have read and understand the above minimum requirements for volunteers of the Sacramento Police Department.

Signature/Date