



Sheriff's Community Impact Program

VOLUNTEER SERVICES PACKET You Can Make an Impact

Thank you for your interest in serving students in the Arden-Arcade community.

This packet contains important documents that will help SCIP determine your suitability for the position(s) for which you are applying.

Included are:

- Application**
 - **Personal Data**
 - **Questionnaire**
 - **Certification**
- Criminal Background Screening Form**
 - **Read Policy**
 - **Sign form**

Once completed, return this packet to:

**Sheriff's Community Impact Program
2350 Northrop Avenue
Sacramento CA 95825**

916.333-6464 ext 3106

**sacscip.org
facebook.com/sacscip**

The Mission of the Sheriff's Community Impact Program is to foster productive citizens by engaging youth in dynamic community programs

All Information you provide is CONFIDENTIAL

SECTION 1: PERSONAL DATA

Full Name _____

Address _____

City _____ Zip Code _____

Home Phone _____ Cell Phone _____

Email Address _____

Emergency Contact _____ Phone _____

SECTION 2: QUESTIONNAIRE

Check those positions/interests below that you would like to be involved with:

Executive Board:

- Chair Vice Chair Treasurer Secretary
- Committee Director/Board Development
- Volunteer Coordinator

SCIP Committee Member:

- Fundraising Grant Writing Special Events
- Marketing Programs (Standards & Evaluation)
- Community Services Hours Requested
- Internship/College Credit Requested
- Other – Please Describe: _____

Instructor for a class/program/activity -
Please describe:

- Mentor
- Job Skills Coach

Administrative:

- Office Assistant
- Bookkeeping
- Data Entry

Other: _____

Please explain (in one paragraph) what your passion is and how you can use that passion to further promote the SCIP Mission:

Please explain your qualifications for those positions you selected above. Be sure to list your relevant experience/professional background, degrees, certifications, special licenses, etc. (Resumes are accepted)



SECTION 3: CERTIFICATION

I certify all information I provided on page 1 of this application is true and accurate. I understand that false information provided by me will result in disqualification from further consideration for a volunteer position or in dismissal from a volunteer position if an offer was made and accepted. I acknowledge the Sheriff's Community Impact Program (SCIP) does not provide employee benefits of any kind. I authorize SCIP to investigate the information I provided on page 1 and consent to the release of information about my qualifications and abilities for volunteer service as a SCIP staff member.

Signature	Print Name	Today's Date
Signature of Parent/Guardian if Minor is the Applicant	Today's Date	

CRIMINAL BACKGROUND SCREENING POLICY

Purpose

The Background Screening Policy is in effect to protect participants being served by volunteers, contracted staff, and staff in all programs offered by the Sheriff's Community Impact Program (SCIP). Due the nature of the work involved with SCIP, all volunteers will be subject to a criminal history check, to include fingerprinting.

Policy Statement

An annual background screening is mandatory for all volunteers and independent contractors over the age of 16 who work with minors or who will be handling money. All information will be confidential and will not be discussed with anyone outside the screening process.

Implementation Process

1. The Background Screening Authorization Form must be completed and signed by the volunteer and submitted to the SCIP Director.
2. SCIP Director shall administer all background screening procedures and approve/disapprove volunteer upon results.
3. If applying for a position on the Executive Board or a Committee, the volunteer candidate's name will be forwarded to the Executive Board for election/appointment per SCIP'S By-Laws.
4. SCIP Director will notify the volunteer candidate of non-approval via letter. The candidate may withdraw their name from consideration or request a review. If a review is requested, the applicant may schedule a meeting with the SCIP Director. In the event the applicant feels a mistake has been reported in the background screening process, it is their responsibility to contact the reporting agency and resolve the issue.

Background Screening Disqualifiers

1. All crimes against children, regardless of the amount of time since the offense.
2. All sexual offenses, regardless of the amount of time since the offense. Examples include, but are not limited to: child molestation, rape, sexual assault, sexual battery, sodomy, prostitution, solicitation, indecent exposure.
3. All felonies that constitute offenses against a person, regardless of the amount of time since the offense. Examples include but are not limited to: murder, manslaughter, aggravated assault, kidnapping, robbery, aggravated burglary.
4. All offenses other than those against the person within the past seven years. Examples include but are not limited to: drug offenses, theft, embezzlement, fraud, child endangerment.
5. All misdemeanor violence offenses with the past seven years. Examples include but are not limited to: simple assault, battery, domestic violence, hit & run.
6. Any other misdemeanor within the past five years that would be considered a potential danger to children. Examples include but are not limited to: Contributing to the delinquency of a minor, providing alcohol to a minor.
7. Misdemeanor drug and alcohol offense within the past two years. Note: If the sentence for the offense is completed and the applicant is no longer on probation the SCIP Director and/or the Executive Board may approve applicant.



CRIMINAL BACKGROUND SCREENING CONSENT FORM and DISCLAIMER, ASSUMPTION OF RISK and WAIVER

As a present or prospective volunteer / employee of the Sheriff's Community Impact Program (SCIP), I understand it is the SCIP'S policy to secure criminal and/or driving history information as part of their screening process using the information provided below.

Type of Screening Requested: Criminal/Sex Offender Registry Search Driving Record Fingerprinting (attach DOJ form)

First Name: _____ Last Name: _____ Middle Name: _____

Maiden name OR other previously used name (AKA): _____

Date of Birth: _____ Male Female Social Security Number: _____

Complete only if you do not have Driver's License

Driver's License Number: _____ State: _____ Expiration Date: _____

Waiver, Consent, and Release of Liability

I hereby consent to the investigation and verification of all information given in this application, including searches of law enforcement and public records (including driving records and criminal background checks), contact with former employers and reference interviews. I hereby release and agree to hold harmless the Sheriff's Community Impact Program (SCIP), its officers, employees, and volunteers, and any person or organization that provides information for, or to SCIP, concerning the use of or any attempt to verify the information provided on pages 1-3 of this application. I declare that all of the information given by me in this application is true and complete to the best of my knowledge, and I understand that any misrepresentation or omission may be cause for suspension or dismissal from my volunteer status with SCIP. If accepted as a SCIP volunteer/employee, I hereby agree to abide by the SCIP bylaws, rules, regulations, policies and philosophies, and understand that I may be removed as a SCIP volunteer at any time with or without cause.

Disclaimer, Assumption of Risk and Waiver

For myself and on behalf of my heirs, assigns, and next of kin, I acknowledge that my volunteer work involves inherent risks of all injury including bodily injury and death while participating or engaged in a SCIP sponsored activity or event. For myself and on behalf of my heirs, assigns, and next of kin, I willingly and voluntarily accept and assume all such risks of participation. I further acknowledge that the SCIP is primarily administered by volunteers rather than paid professionals. In consideration of accepting a volunteer position for myself, and on behalf of my heirs, assigns, and next of kin, I hereby release discharge and agree to hold harmless SCIP, its employees, volunteers, officials, sponsors, and other representatives from any and all claims, demands, costs, expenses and compensation arising to, of, or in any way related to any injury or other damage that may result to me while volunteering in any SCIP sponsored event, including any physical or other injury caused by the negligence of any such person while performing their duties at any time.

I HAVE READ THE ABOVE WAIVER, CONSENT, RELEASE OF LIABILITY, DISCLAIMER, ASSUMPTION OF RISK AND WAIVER AGREEMENTS. I FULLY UNDERSTAND THE TERMS OF EACH, AND I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY MY SIGNING THIS FORM AND AGREEING TO THESE TERMS, AND I SIGN THIS FORM AND AGREE TO THESE TERMS FREELY AND VOLUNTARILY WITHOUT INDUCEMENT OF ANY KIND.

Applicant Signature: _____ Today's Date: _____

Signature of Parent/Guardian if Applicant is a Minor: _____

To Be Completed By SCIP Director

Approved Denied

By: _____ Date: _____