



**VOLUNTEER APPLICATION
SHERIFF'S COMMUNITY ADVISORY COUNCIL
ASSOCIATE**

Name: _____
(Last) (First) (Middle)

Current Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Driver's License #: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____ Referred By: _____

Employment Information

Current Employer: _____

Employer Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ How Long With Employer: _____

Emergency Contact

Name of a person not residing with you: _____

Address: _____

City: _____ State: _____ Zip: _____

Relationship: _____

Have you ever been in trouble with law enforcement? Yes _____ No _____ If yes, please discuss:

Have you ever been convicted of a misdemeanor or felony? Yes _____ No _____ If yes, please discuss:

Any false statement, either verbal or written, may cause applicant's name to be removed from the eligible list or be cause for immediate dismissal if an appointment is/was made.

**I hereby authorize the Los Angeles County Sheriff's Department
To initiate a background check prior to my acceptance as CAC volunteer.**

Signature: _____

Date: _____