



**El Dorado County Sheriff's Office
STAR VOLUNTEER APPLICATION**



Complete the application in its entirety and return it to the STAR Coordinator

Applicant Information (PLEASE PRINT):

Applicant Name:		
	Last, First, MI	
Address:		
City, State, Zip Code:		
Main Phone Number: <i>(Include area code)</i>		
Alternate Phone Number: <i>(Include area code)</i>		
Email Address:		
Driver's License <i>(Select One)</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, provide your Driver's License Number:

Emergency Contact Information:

Name:		
	Last, First, MI	
Address:		
City, State, Zip Code:		
Main Phone Number: <i>(Include area code)</i>		
Alternate Phone Number: <i>(Include area code)</i>		
Email Address:		

Please provide the times you are available to volunteer each day:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday



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Desired Volunteer Assignment:

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Current/Past Employer or Volunteer Experience

Name of Organization/Business:	
Your Title/Role:	
Dates of Employment/Volunteer:	
Address:	
City, State, Zip Code:	
Supervisor Name:	
Supervisor Phone Number: <i>(Include area code)</i>	

Name of Organization/Business:	
Your Title/Role:	
Dates of Employment/Volunteer:	
Address:	
City, State, Zip Code:	
Supervisor Name:	
Supervisor Phone Number: <i>(Include area code)</i>	

Do you have any health limitations that may restrict your performance of assigned duties? (Select One) YES NO

If yes, please provide the specific limitations:

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Reference #1

Name	Title/Relationship
Address	
Phone Number	Email Address

Reference #2

Name	Title/Relationship
Address	
Phone Number	Email Address

Certification:

By signing below, I certify that, to the best of my knowledge, the information contained in this application is true and correct.

(Applicant Signature)

(Date)

Note: Completion of this application does not guarantee acceptance to the program.