



**VOLUNTEER PROFILE APPLICATION**  
Please print clearly and complete all applicable areas.

*Sheriff's Citizen Patrol*    *Chaplain*    *Victim Advocate*    *Wildland Fire*    *Patrol Chaplain*    *Range*  
 *Language Services*    *Admin*    *Other*    *Reintegration & Recovery*    *Property Custodian Assistant*

NAME: \_\_\_\_\_  
                    Last                                  First                                  Middle Initial

Give any other names you have been known by (AKA) and state reasons: \_\_\_\_\_  
\_\_\_\_\_

ADDRESS: \_\_\_\_\_  
                    Street                                  City                                  Zip

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

DO YOU POSSESS A CURRENT VALID DRIVER'S LICENSE?       Yes       No

DRIVER'S LICENSE NUMBER & STATE OF ISSUE: \_\_\_\_\_

SEX: \_\_\_\_\_ RACE \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

EYE COLOR: \_\_\_\_\_ HAIR COLOR: \_\_\_\_\_

**PERSON TO CONTACT IN CASE OF AN EMERGENCY**

NAME \_\_\_\_\_  
                    Last                                  First                                  Middle Initial

ADDRESS: \_\_\_\_\_  
                    Street                                  City                                  Zip

Home Phone      Work Phone      Cell Phone      Relationship

**Attach a copy of the FRONT and BACK of your valid Driver's License  
(or other photo identification if you do not have a valid Driver's License)**

**REFERENCES: LIST TWO PERSONAL REFERENCES**  
**DO NOT INCLUDE RELATIVES**

1. \_\_\_\_\_  
Name Relationship  
\_\_\_\_\_  
Address City Zip Home/Work Phone Number

2. \_\_\_\_\_  
Name Relationship  
\_\_\_\_\_  
Address City Zip Home/Work Phone Number

**EDUCATION**

High School (Circle last year completed) 6 7 8 9 10 11 12 Diploma or GED  
College: 1 2 3 4 \_\_\_\_\_

Name/Location of High School Attended \_\_\_\_\_

Name/Location of College Attended \_\_\_\_\_

Degrees or Special Courses of Training \_\_\_\_\_

Foreign Languages (speak, read, write) Please specify \_\_\_\_\_

Describe your hobbies, interests, and skills \_\_\_\_\_

**EMPLOYMENT:**

Current Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip

Employment Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Current responsibilities: \_\_\_\_\_

Describe previous work experience \_\_\_\_\_  
\_\_\_\_\_

**VOLUNTEERISM:**

List previous or present volunteer experience: \_\_\_\_\_

\_\_\_\_\_

List the volunteer position(s) you are interested in and briefly explain why you chose to volunteer for the El Paso County Sheriff's Office: \_\_\_\_\_

\_\_\_\_\_

Are you in anyway related to or associated with anyone who is incarcerated in El Paso County?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please name the person(s) and explain your relationship: \_\_\_\_\_

Have you ever used marijuana? \_\_\_\_\_ Yes \_\_\_\_\_ No When was the last time you used marijuana? \_\_\_\_\_

Have you ever used any illegal drugs? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, what drug(s) have you used and when was the last time you used the drugs? \_\_\_\_\_

\_\_\_\_\_

Are you interested in doing volunteer work with the inmates incarcerated in the El Paso County Detention Facilities? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, indicate which organization you wish to represent: \_\_\_\_\_

Are you requesting access to any certain inmate(s) confined to the El Paso County Detention Facility?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, for what purpose \_\_\_\_\_

Have you had any previous experience working with inmates? \_\_\_\_\_ Yes \_\_\_\_\_ No

Where and when? \_\_\_\_\_

Do you have any medical or physical limitations that might necessitate special accommodations for the position you are seeking to fill? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

Upon a mutually agreeable volunteer assignment, we ask that you commit to volunteer with the Sheriff's Office for one of the following timeframes: ( ) Six Months ( ) One Year **Please Mark One**

When are you available to begin volunteering? \_\_\_\_\_

Number of hours per week \_\_\_\_\_ Days available \_\_\_\_\_ Time of day \_\_\_\_\_

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**NOTE: AN ARREST DOES NOT AUTOMATICALLY PROHIBIT VOLUNTEER ACCEPTANCE INTO A VOLUNTEER POSITION.** *(Please review Minimum Requirements)*

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**ARREST INFORMATION**

Have you ever been arrested, charged, "questioned as an accused party", or convicted of a felony or misdemeanor, including court martial and military charges? (Omit traffic violations, not DUIs).

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, complete the following:

Charges	City & State	Date	Disposition of Case
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If you were convicted, what was the nature of your crime(s)? \_\_\_\_\_

\_\_\_\_\_

Date(s) of conviction(s): \_\_\_\_\_

Are you on Probation or Parole? \_\_\_\_\_ Yes \_\_\_\_\_ No

Current status of conviction(s) \_\_\_\_\_

Have you ever been incarcerated in a correctional/detention facility?

1. If yes, give facility name and location: \_\_\_\_\_

2. Date and length of incarceration: \_\_\_\_\_

3. Date of release and current status: \_\_\_\_\_

**ARE YOU WILLING TO TAKE A TRUTH VERIFICATION EXAMINATION?**

\_\_\_\_\_ Yes \_\_\_\_\_ No

*(The successful completion of a truth verification examination is a qualification to work in certain areas, units, or programs of the El Paso County Sheriff's Office.)*

**FOR CHAPLAINS/BIBLE STUDY ONLY**  
**(Do Not Complete If You Are Not Applying For Detention or Patrol Chaplain)**

Please explain your reasons for wanting to join the El Paso County Sheriff's Chaplain Corps?

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Religious affiliation \_\_\_\_\_ Protestant \_\_\_\_\_ Catholic \_\_\_\_\_ Jewish \_\_\_\_\_ Mormon

Other (please specify) \_\_\_\_\_

Do you hold a position of trust with your current religious group or organization? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Name of local religious organization: \_\_\_\_\_

Address: \_\_\_\_\_ Phone number: \_\_\_\_\_

How long have you lived in El Paso County? \_\_\_\_\_

How long have you been at your present religious group/organization? \_\_\_\_\_

Name, title, and phone number of a reference from your local religious organization:

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Are you ordained or do you have a Ministerial license? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please provide ordination date and license number \_\_\_\_\_

**ATTACH COPY OF ORDINATION, MINISTERIAL LICENSE AND/OR LETTER OF RECOMMENDATION FROM THE RELIGIOUS GROUP OR ORGANIZATION WITH WHICH YOU INTEND TO REPRESENT.**



**To Be Completed By Wildland Fire Crew Applicants Only**

**Medical:** Check all that apply:

- |  |   |
|--|---|
| <input type="checkbox"/> Diabetes                    | <input type="checkbox"/> Headaches                |
| <input type="checkbox"/> Eye Problems                | <input type="checkbox"/> Surgery                  |
| <input type="checkbox"/> Vision w/o correction _____ | <input type="checkbox"/> Tumors                   |
| <input type="checkbox"/> Vision w/correction _____   | <input type="checkbox"/> Nervous System Disorders |
| <input type="checkbox"/> Fractures                   | <input type="checkbox"/> Orthopedics              |
| <input type="checkbox"/> Tuberculosis                | <input type="checkbox"/> Ulcers                   |
| <input type="checkbox"/> Back Problems               | <input type="checkbox"/> Cardiovascular Disease   |
| <input type="checkbox"/> Epilepsy                    | <input type="checkbox"/> Dizzy Spells/Fainting    |
| <input type="checkbox"/> Respiratory Problems        | <input type="checkbox"/> Ear Problems             |
| <input type="checkbox"/> Urinary Tract Problems      | <input type="checkbox"/> High Blood Pressure      |
| <input type="checkbox"/> Allergies                   | <input type="checkbox"/> Medications              |
| <input type="checkbox"/> Depression                  | <input type="checkbox"/> Other                    |

Provide an explanation for each checked medical condition: \_\_\_\_\_

\_\_\_\_\_

**Driving** (check all that apply):

Own a Vehicle \_\_\_\_\_ Yes \_\_\_\_\_ No      Car insurance current \_\_\_\_\_ Yes \_\_\_\_\_ No

Has your Driver's License ever been Revoked or Suspended? (please explain circumstances) \_\_\_\_\_

\_\_\_\_\_

Reason(s) for applying for the El Paso County Wildland Fire Crew: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Incident Management, EMT or Wildland Fire education and/or experience (attach copies of certificates):

\_\_\_\_\_

\_\_\_\_\_

## CONFIDENTIALITY AGREEMENT

### I. Parties

This Agreement is between the El Paso County Sheriff's Office (EPSO) and \_\_\_\_\_ (Volunteer).

### II. Recitals

The parties to this Agreement enter into it with the following understanding:

- a. EPSO is a criminal justice agency with all commensurate responsibility that the term entails.
- b. Being an authorized volunteer with EPSO is a valuable circumstance to both Volunteer and EPSO.
- c. Volunteer is an authorized volunteer with EPSO. Such a status carries with it responsibility. Volunteer has passed a background check as a part of the process of becoming an authorized volunteer. As an authorized volunteer, Volunteer acknowledges that he or she is subject to EPSO chain of command. Authorized volunteers also may handle confidential information in the course of their service to EPSO.
- d. "Confidential Information" is a term with vast meaning that cannot be fully defined within the scope of this Agreement. The scope of this term is defined by Colorado and federal law. "Confidential Information" includes, but is not limited to, information concerning law enforcement investigations in progress. Such law enforcement investigations do not necessarily have to be those of EPSO; they can be investigations of other agencies, as well. Confidential Information also includes, but is not limited to, social security numbers, driver's license numbers, other information that can be used to facilitate identity theft if it fell into the wrong hands, child abuse records, sexual assault records, and other information required to be held confidential by federal and Colorado law. "Work product," as the term is defined by Colorado law, and matters pertinent to criminal and civil litigation are also Confidential Information. EPSO is within its discretion to withhold certain Confidential Information from public disclosure, per C.R.S. § 24-72-305(5). EPSO is commanded by law to withhold other types of Confidential Information indefinitely. The EPSO Legal Advisor may be consulted regarding the latter type of Confidential Information. Command-level sworn officers of EPSO make the determination as to whether any information is Confidential Information. When in doubt, the confidentiality of any information is assumed until a command-level officer makes a decision on the issue.

With the above understanding, and for the valuable consideration expressed within this Agreement, the parties agree to the following:

### III. Agreement

1. Confidential Information. Volunteer has received or will receive from EPSO certain information relating to the business and operations of EPSO. Such information is referred to herein as "Confidential Information". Subject to the terms and limitations of this Agreement, all Confidential Information is acknowledged to be confidential, proprietary, and protected by EPSO and federal and/or state law.
2. No disclosure without consent of EPSO. Volunteer will use every reasonable effort to keep Confidential Information secret and confidential. Confidential Information will not be disclosed to third parties or used for Volunteer's purposes not related to service with EPSO without the express approval of a command-level, sworn EPSO officer. Such disclosures or uses shall include, but not be limited to, disclosure to the media and publication in books, magazines, periodicals, or any other form of information distributed to the public, whether the medium be print, film, video, electronic media, or otherwise. This clause shall not be interpreted to apply to disclosures to criminal justice agencies in the normal course of EPSO business.
3. Exceptions. Notwithstanding the foregoing, any information that meets any of the following criteria shall not be deemed to be Confidential Information.
  - a. Any information that EPSO has already released to—and that has been published by—the media, except as otherwise stated in this Agreement.
4. Re-classification. Nothing in this Agreement shall be interpreted as preventing EPSO from re-classifying information as Confidential Information that had originally been de-classified.
5. Return of materials. Upon request by EPSO, Volunteer shall return all materials provided to Volunteer by or on behalf of EPSO and any notes, documents, copies, or other materials prepared by Volunteer with respect to such Confidential Information.

**IV. Liquidated remedies.**

- 6. Termination. The remedy available to EPSO upon Volunteer's breach of this agreement shall be the termination of Volunteer's service with EPSO, at EPSO's discretion.

**V. Jurisdiction, venue, and applicable law.**

- 7. Jurisdiction, venue, applicable law, and negation of non-judicial remedy. The law governing this agreement shall be the laws of the State of Colorado. The parties agree that jurisdiction of any dispute that may arise hereunder shall lie in the appropriate District or County Court of El Paso County, Colorado. Any provision of this Agreement, whether or not incorporated herein by reference, which provides for arbitration by any extra-judicial body or person or which is otherwise in conflict with said laws, rules, and regulations shall be considered null and void. Nothing contained in any provision incorporated herein by referencing which purports to negate this or any other special provision in whole or in part shall be valid or enforceable or available in any action at law whether by way of complaint, defense, or otherwise. Any provision rendered null and void by the operation of this provision shall not invalidate the remainder of this Agreement to the extent that this agreement is capable of execution.
- 8. Governmental immunity. The parties here to understand and agree that the liability of El Paso County, and the El Paso County Sheriff's Office, and their departments, offices agencies, boards, commissions, officials, and employees are controlled and limited by the provisions of C.R.S. § 24-10-101 *et seq.* Any provision of this Agreement, whether or not incorporated herein by reference, shall be controlled, limited, and otherwise modified so as to limit any liability of the County or the Sheriff's Office to the above-cited laws.

**VI. Other terms.**

- 9. No guarantee of continued service. Nothing in this agreement shall be construed as a right to, or a guarantee of, Volunteer's continued service as an authorized volunteer of EPSO. EPSO reserves the right to modify or terminate Volunteer's status at any time, for any reason, or for no reason at all. Any remedies available under this contract shall survive such termination.
- 10. Headings. The headings used in this agreement are merely for convenience. They shall not be used to in any manner to interpret this agreement.
- 11. Severability. To the extent that this Agreement may be executed and performance of the obligations of the parties may be accomplished within the intent of this Agreement, the terms of this Agreement are severable. Should any term or provision of this Agreement be declared invalid or become inoperative for any reason, such invalidity or failure shall not affect the validity of any other term or provision, to the extent that this Agreement remains capable of execution. The waiver of any breach of a term hereof shall not be construed as a waiver of any other term or the same term upon subsequent breach.
- 12. Rights of third parties. This Agreement is not and shall not be deemed to confer upon or grant to any third party any right to claim damages or to bring any type of proceeding against either Volunteer, the El Paso County Sheriff's Office, or El Paso County because of any breach hereof or because of any terms, covenants, agreements or conditions contained herein.
- 13. Entire understanding. This Agreement contains the entire understanding between the parties, and no modification, amendment, novation, or other alteration to this Agreement shall be valid or of any force or effect unless mutually agreed to by the parties in writing as an addendum to this Agreement. At the time of the execution of this Agreement, there are no other terms, conditions, requirements or obligations affecting this Agreement which are not specifically set forth herein.

<p>For VOLUNTEER:</p>  <p>Signature _____</p> <p>_____</p> <p>_____</p> <p>Printed name, address, and telephone number _____</p> <p>_____</p> <p>Date _____</p>	<p>For EPSO:</p>  <p>Signature _____</p> <p>_____</p> <p>Printed name _____</p> <p>_____</p> <p>Rank and area of assignment _____</p> <p>_____</p> <p>Date _____</p>
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# El Paso County Sheriff's Office

## RELEASE OF INFORMATION AGREEMENT



STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

**TO WHOM IT MAY CONCERN:** Please carefully read this authorization to release information about you, then sign and date it in ink.

*This release will be utilized and provided to third-party agencies in order to conduct a background investigation pursuant to your request for employment. Please be advised that this release will be in effect for two years from the date signed.*

I hereby authorize any Deputy Sheriff or other authorized representative of the El Paso County Sheriff's Office bearing this release, or a copy of it, within two years of its date, to obtain copies of any information in your files concerning me, or information pertaining to my employment.

I consent to your release of **any and all public and private information** that you may have concerning me, including but not limited to documents concerning my work record, my background and reputation, my military service records, my financial and credit records, my criminal history record, including any arrest records, any information contained in any investigatory files, performance evaluations, complaints or grievances filed by or against me, the records or recollections of attorneys at law or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest, all medical, physical, mental records or reports, including all information of a confidential or privileged nature and photocopies of same, education, academic achievement, attendance, athletics, personal history, background investigations, polygraph examination, any and all internal affairs investigations and disciplinary action, **including any files which are deemed to be confidential, and/or sealed.**

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records or your organization, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of this agency regardless of any agreement I may have made with you previously to the contrary.

I respectfully request and authorize you to furnish the El Paso County Sheriff's Office **any and all information** that you may have concerning me. This information is to be used to assist the Office in determining my qualifications and fitness for the position I am seeking with the El Paso County Sheriff's Office. This release is executed with the full knowledge and understanding that the information is for official use of the El Paso County Sheriff's Office.

Consent is granted for the El Paso County Sheriff's Office (EPSO) to furnish the information described above and subsequently provided to EPSO to third parties in the course of fulfilling its official responsibilities. I further understand that I waive any right or opportunity to read or review any information provided in the background investigation report prepared by the El Paso County Sheriff's Office.

I understand that I have the right to receive a copy of this authorization and acknowledge that I have received a copy.

**NOTE: A PHOTOCOPY REPRODUCTION OF THIS SIGNED REQUEST SHALL BE FOR ALL INTENTS AND PURPOSES AS VALID AS THE ORIGINAL. YOU MAY RETAIN THIS FORM IN YOUR FILES.**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
My commission expires: \_\_\_\_\_



**Civil Process Unit**  
210 South Tejon St. • Colorado Springs, CO 80903  
719-520-7144

**Office of the Sheriff**  
27 East Vermijo Ave. • Colorado Springs, CO 80903  
719-520-7100  
www.epcsheriffsoffice.com

**Criminal Justice Center**  
2739 E. Las Vegas St. • Colorado Springs, CO 80906  
719-390-2106