



## Sheriff's Advisory Committee Application

### Personal Information

1. Name: \_\_\_\_\_ Aka(s): \_\_\_\_\_

2. Are you at least 21 years old? (Must be 21 to participate) Yes No Date of Birth: \_\_\_\_\_

3. Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

4. Home Address: \_\_\_\_\_  
Street City State Zip

5. California Driver's License or ID Number: \_\_\_\_\_

6. Have you ever been convicted of a crime, served a jail sentence or placed on probation?

Yes No If yes, state nature of conviction, dates, city and state (please exclude juvenile offenses.)

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7. Please list any physical limitations that you may have (*i.e., unable to sit or stand for long periods of time*):

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9. How did you hear about the Advisory Committee?

Friend Online Community Event Board member Other: \_\_\_\_\_

10. Please check all that apply (must be a Stanislaus County resident or below relationship to participate):

Stanislaus County Resident:

Stanislaus County Business Owner (Name of Business) \_\_\_\_\_

Stanislaus County Non-Profit/Organization Name: \_\_\_\_\_

Stanislaus County School Leader (includes CSUS): \_\_\_\_\_

Other (If other, specify what segment of the Stanislaus County community you represent.):

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14. Do you have any family member that worked/works for the Sheriff's Office:      Yes      No

If yes, please list the name(s): \_\_\_\_\_

15. Due to Department of Justice requirements, you will have to pass a background check and fingerprinting. This is necessary so that you can have limited access to the Stanislaus County Sheriff's office.

Do you agree to submit to the background check and fingerprinting?      Yes      No

16. Do you have a pending claim or are you currently involved in litigation against the County of Stanislaus or the Stanislaus County Sheriff's Office?      Yes      No

17. Resume Attached (required document)      Yes      No

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I understand that as a member of the Stanislaus County Sheriff's Office Advisory Committee, I am representing the County of Stanislaus and will adhere to the guidelines set forth by the program.

I acknowledge that I will commit to at least 4 years to the board and do so as a volunteer with no promise of any compensation. I also understand that my recommendations and/or comments are of an advisory nature and are not binding on the Stanislaus County Sheriff's Office or the County of Stanislaus. I acknowledge that I may be removed from the board at any time by the Sheriff.

I attest, under the penalty of perjury under the laws of the State of California, that any and all of the information provided herein, and any supplemental information submitted herewith is true and correct to the best of my knowledge.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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**RETURN COMPLETED APPLICATION BY MAIL OR IN PERSON TO:**

**Stanislaus County Sheriff's Office**  
**Attention: Administration**  
250 E. Hackett Rd.  
Modesto, CA 95358