



Sheriff's Citizens Patrol Application Process



Please fill out completely or the application will not be processed.

Participation in other Forsyth County Sheriff's Office programs does not guarantee acceptance to the SCP program. The program is open to Forsyth County Residents who are at least 21 years of age.

Step 1: Application

Complete the application with the Volunteer Agreement and Waiver notarized and return to:

Sheriff's Citizens Patrol
Forsyth County Sheriff's Office
301 North Church Street
Winston-Salem, NC 27101
Office: 336-917-7001

Step 2: Application Review

Your application will be reviewed by the FCSO staff. All areas must be completed or have an N/A placed for Not Applicable information in order to be processed.

Step 3: Character Reference

A minimum of three (3) character references must be provided in this application. Failure to provide complete address and telephone number for references will result in the application being returned.

Step 4: Interview and Fingerprinting

Upon verification of three positive character references, applicants will be contacted by FCSO staff to establish a time for an interview and fingerprinting with FCSO Human Resources.

Step 5: Acceptance or Nonacceptance

All applicants will be notified by mail of their acceptance or nonacceptance to the program.

Please note: Under "Terms and Signature" section of the application, an applicant will release the Forsyth County Sheriff's Office from providing a reason for denial to the program.

Upon acceptance you will be required to attend a 40-hour comprehensive Sheriff's Citizens Patrol Training Academy.

Forsyth County Sheriff's Office
 Sheriff's Citizens Patrol
 Application

Please fill out completely or the application will not be processed. If any section does not apply to you, please indicate by writing "N/A." The Forsyth County Sheriff's Office appreciates your interest in service and commends your spirit to volunteer.

PERSONAL INFORMATION:

Last Name	First Name	Middle Name	Date of Birth
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Home address:	City	Zip	Place of Birth
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Home Phone:	Business Phone:	Other names used:
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Previous Address(es) Last Five Years: (If more room is needed, attach additional sheet.)

Email Address: (REQUIRED)

CRIMINAL HISTORY AND DRIVING RECORD:

N.C. Driver's License Number	Has your license ever been suspended or revoked? Yes <input type="checkbox"/> No <input type="checkbox"/>
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Have you ever been arrested? Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you ever been convicted of a crime? Yes <input type="checkbox"/> No <input type="checkbox"/>
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If yes to any, please explain:

Traffic citations and accidents for the past two years:

REFERENCES:

References: DO NOT USE FAMILY MEMBERS AS REFERENCES. List three (3) individuals you have known for at least 5 years. (Please list name, complete address with zip code, and telephone number.)

Name	Address	Zip Code	Phone #
1.			
2.			
3.			
4.			

EDUCATION BACKGROUND AND MILITARY EXPERIENCE:

Please check highest level of education completed:

Some High School <input type="checkbox"/>	High School Diploma <input type="checkbox"/>	Some College Study <input type="checkbox"/>	
College Degree <input type="checkbox"/>	Some Graduate Study <input type="checkbox"/>	Graduate Degree <input type="checkbox"/>	

High School Attended:	College Attended:
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Military Service Branch:	Rank:	Time Served:	Date Discharged:
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EMPLOYMENT HISTORY: Fill out completely. If retired, please note "Not Applicable" for current employer.

Current Employer: Occupation: From Date: To Date:

Business Address: (Including city, state, and zip code) Phone Number:

Employment for past five years: (Please include firm name, address, supervisor and dates.)

1.

2.

3.

4.

Tell us a little about you:

What are your hobbies and interests?

Have you volunteered before? If so, what did you do and where?

Do you prefer an office setting or a more active role?

Please briefly state why you wish to volunteer your time to the Forsyth County Sheriff's Office. Use another sheet if necessary. This question must be answered.

EMERGENCY INFORMATION:

In case of emergency, please notify:

Name:

Address

Relationship:

Day Phone and Night Phone

D:

N:

TERMS AND SIGNATURE

As a volunteer with the Forsyth County Sheriff's Office, I am willing to furnish information for use in determining my qualifications.

I understand that for security reasons a background check will be conducted and I will be fingerprinted. Further background information may be requested based on assignment.

I understand that falsifying statements on this application or during the interview process is cause for my immediate dismissal from the Sheriff's Citizens Patrol program.

I understand that the Forsyth County Sheriff's Office will not have to disclose the reason, if any, for not being selected for the program.

In signing, I do hereby certify that all information contained in this application is correct and accurate to the best of my knowledge. I authorize the Forsyth County Sheriff's Office to do a background check as part of the application process. If accepted to perform volunteer duties for the Forsyth County Sheriff's Office, I understand I may be privy to confidential information and promise to respect and maintain that confidentiality.

Signature:

Date:

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I respectfully request and authorize you to furnish the Forsyth County Sheriff's Office any and all information that you may have concerning me, or my reputation. This includes, but is not limited to, the following information:

Employment Record (attendance, performance, etc.)

Polygraph Examination Results

Criminal Records and Reports

Education Records

Information of a confidential nature or information considered as privileged and photocopies of same, if requested.

I hereby direct you to release such information upon request of bearer.

This information is to be used to assist the Forsyth County Sheriff's Office in determining my acceptance as a Citizens Patrol Member.

I hereby release and hold harmless from any and all future claims, the Forsyth County Sheriff's Office and Forsyth County, for any personal damages or liabilities that may result from any information received in connection with my application for the Sheriff's Citizens Patrol.

This form may be retained in your files.

Printed Name

Signature of Applicant

Maiden Name

Date

Address

City, State

Zip Code

Date of birth:

Sex:

Driver's license number

State

**FORSYTH COUNTY SHERIFF'S OFFICE
VOLUNTEER AGREEMENT AND WAIVER**

I, _____, wish to serve as a volunteer in the Forsyth County Sheriff's Office Citizens Patrol program (sometimes called the "SCP"). In consideration for my participation in the SCP program, I agree as follows:

1. I understand and agree that accepting a position as a volunteer member of the SCP means that I render any action or service and expend any money or resources with charitable motives and with no express or implied promise of salary, reimbursement, compensation or payment of any kind.
2. I understand and agree that my services are rendered as a volunteer in a voluntary capacity, without any employment-type benefits (including without limitation employment insurance benefits, workers' compensation benefits and annual and sick leave accrual). I further understand and agree that there is not employment contract or other contract of hire between myself and the Forsyth County Sheriff's Office and that this Volunteer Agreement and Waiver does not constitute an employment contract or contract of hire.
3. I understand and agree that the Forsyth County Sheriff's Office will only provide certain materials, supplies or equipment needed for performance of my assigned duties. I further understand and agree that any materials, supplies or equipment provided to me for use in the SCP program remains the property of the Sheriff's Office and that I must return all such items to the Sheriff's Office when I end my participation in the program.
4. I certify that I am in physical and mental condition sufficient to perform tasks and duties which may be assigned to me.
5. I understand that there are inherent risks in performing volunteer work with a law enforcement agency such as the Forsyth County Sheriff's Office, and that those risks include, but are not limited to, physical injury.
6. I agree to familiarize myself with applicable Sheriff's Office policies and procedures, and with all rules and policies of the SCP program.
7. I understand that I must have full-time access to a personal computer, a valid email address, and agree to monitor my email on a regular basis.
8. I understand that the Sheriff's Office expects high standards of moral, ethical and professional conduct at all times during the performance of my duties as a volunteer member of the SCP. I agree to conduct myself accordingly.
9. I hereby assume all risks involved in any and all duties to which I may be assigned as a member of the SCP.
10. In consideration of my acceptance into the SCP program, I hereby agree to release, discharge, hold harmless and indemnify Forsyth County, the Forsyth County Sheriff's Office, and their officials, officers, agents, representatives and employees from and against any and all claims, actions, suits, demands and/or liabilities of whatever kind – whether or not the basis of such liability is presently known to either party and whether such liability arises in contract, tort, by statute or otherwise and including court costs and attorney's fees – which may arise from or in any way be connected to the SCP program and/or my performance of volunteer activities in the SCP program. I understand and agree that this release and discharge specifically cover any personal injury or property damage which may be suffered by me or any member of the public or third party who claims personal injury or property damage as a result of my activities in the SCP program.

11. I understand and agree that the Forsyth County Sheriff's Office may terminate my participation in the SCP program at any time, for any reason or for no reason.

I hereby acknowledge that I have carefully read this Volunteer Agreement and Waiver, that I fully understand its contents, that I am over the age of 21, and that I am signing this document voluntarily and intend for it to be legally binding.

Signature

Printed Name: _____

Date: _____

Sworn to and subscribed before me
This ___ day of _____, 2____.

Notary Public
My Commission Expires:
