



LAKE COUNTY SHERIFF'S OFFICE SEARCH & RESCUE VOLUNTEER APPLICATION

Name: _____
Last First Middle

Address: _____
Number Street Name City & State Zip Code

Mailing Address: _____
(If different than above address)

California Driver's License No.: _____

Sex: _____ Eye Color: _____ Hair Color: _____ Height: _____ Weight: _____

Social Security No.: _____ Birthdate: _____

Home #: _____ Work #: _____ Cell #: _____

E-mail address: _____

Do you have prior military service? _____

What Branch? _____ Type of Discharge: _____

As an adult, have you ever been convicted of a misdemeanor or felony offense other than a minor traffic violation?

Yes No

If yes, explain: _____

Education: Did you graduate from high school? Yes No

If no, highest grade completed: _____

Please describe the type of service you are interested in providing as a volunteer for the Lake
County Sheriff's Department: _____

Upon completion of this application, please mail the application to:

Sgt. Gavin Wells, P.O. Box 489, Lakeport, Ca. 95453

Once we receive your application, a Background Investigator will be on contact with you.