

MEMBERSHIP APPLICATION
SHERIFF'S ADVISORY BOARD OF SANTA CLARA COUNTY

A Non-Profit and Non-Political Organization

NAME: _____ SPOUSE NAME: _____
 (Last) (First) (Middle)

SOCIAL SECURITY NUMBER: _____ - _____ - _____ DRIVERS LIC.# _____
 (Optional)

RESIDENCE ADDRESS: _____ CITY _____ ZIP _____

HOME PHONE: (_____) _____ BUSINESS PHONE: (_____) _____

E-MAIL ADDRESS: _____ FAX PHONE: (_____) _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____ CITIZENSHIP: Y N

HEIGHT: _____ WEIGHT: _____ HAIR: _____ EYES: _____ SEX: F M

CURRENT EMPLOYER: _____

BUSINESS ADDRESS: _____ CITY _____ ZIP _____

OCCUPATION/TITLE: (If Retired, Former Occupation) _____

BRIEF JOB DESCRIPTION: _____

HAVE YOU EVER BEEN ARRESTED? YES NO IF YES, CHARGES: _____

LIST TWO (2) REFERENCES:

- | | (Name) | (Address) | (City) | (Zip) | (Phone) |
|----|--------|-----------|--------|-------|---------|
| 1. | _____ | | | | |
| 2. | _____ | | | | |

1. PLEASE LIST ANY COMMUNITY AND SERVICE ORGANIZATIONS OF WHICH YOU ARE AN ACTIVE MEMBER:

2. PLEASE LIST ANY SOCIAL OR FRATERNAL ORGANIZATIONS OF WHICH YOU ARE AN ACTIVE MEMBER:

3. WHAT FOREIGN LANGUAGES DO YOU SPEAK, READ OR WRITE?

4. WHAT SPECIAL SKILLS DO YOU POSSES?

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5. WHAT ARE YOUR HOBBIES/SPECIAL INTERESTS? _____

6. PLEASE DESCRIBE AREAS IN WHICH YOU FEEL YOU COULD CONTRIBUTE TO THE GOALS AND OBJECTIVES OF THE SHERIFF'S ADVISORY BOARD OF SANTA CLARA COUNTY:

(MEMBERSHIP SPECIAL EVENTS – PICNICS, DINNERS, ETC.): _____

7. ADDITIONAL COMMENTS: _____

AUTHORIZATION & ADMONISHMENT

I fully understand that appointment to the Sheriff's Advisory Board of Santa Clara County is strictly HONORARY and there is no implication that I will have any Police powers or authority. If for any reason I attempt to use my Identification Card for any purpose, officially or gratuitously, I understand that I could be prosecuted for violation of Penal Code Sections 146a and 538d.

I also understand that I am NOT ENTITLED to carry a firearm. Additionally, I realize that the BADGE PLAQUE and IDENTIFICATION CARD issued to me are the property of the SHERIFF'S ADVISORY BOARD OF SANTA CLARA COUNTY and that the SHERIFF of Santa Clara County or SHERIFF'S ADVISORY BOARD OF SANTA CLARA COUNTY has the right to recall them upon notification and without cause.

I am an applicant for membership in the Sheriff's Advisory Board of Santa Clara County. This membership requires a background investigation by the Sheriff's Advisory Board of Santa Clara County and/or Santa Clara County Sheriff's Office into all areas of my background, which may affect my suitability for this membership.

I hereby authorize you, your organization, and/or persons in your employ to release any and all information, including criminal history and/or other information, which you may have about me, this includes information which may be of a confidential, privileged and/or derogatory in nature. I hereby release and hold harmless you, your organization, it's officers, agents or assigns from any liability or damages, whether in law or in equity, for furnishing information requested by the bearer of this authorization form.

ANNUAL DUES: \$300.00

SPOUSE: \$100.00

PAYABLE TO: SHERIFF'S ADVISORY BOARD OF SANTA CLARA COUNTY

I agree to pay to the Sheriff's Advisory Board of Santa Clara County annual dues of \$300.00 or \$400.00 including your spouse. Please make checks payable to the "SHERIFF'S ADVISORY BOARD OF SANTA CLARA COUNTY" or complete the below form to pay by credit card.

APPLICANT'S SIGNATURE: _____ DATE: _____

RECOMMENDED BY: _____ DATE: _____

Sheriff's Advisory Board Member

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RETURN APPLICATION AND CHECK OR CREDIT INFORMATION TO:

James A. Campagna
Membership Chair
1155 Meridian Avenue, Suite 214
San Jose, CA 95125
408-978-2064

CREDIT CARD INFORMATION (**VISA OR MASTERCARD ONLY**)

NAME ON CREDIT CARD: _____

CREDIT CARD NUMBER: _____

CREDIT CARD TYPE: (VISA OR MASTERCARD): _____

EXPIRATION DATE: _____

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY: _____ ACTION: _____

PROPOSED TO BOARD: _____ ACTION: _____

PROPOSED TO SHERIFF: _____ ACTION: _____

APPLICANT NOTIFIED (DATE): _____