



El Dorado County Probation Department

Safe Communities Through Changed Lives

Kaci L. Smith
Interim Chief Probation Officer

JOB SHADOW Application Packet

INSTRUCTIONS

THIS FORM REQUIRES A HANDWRITTEN SIGNATURE.

AFTER COMPLETING THE FORM, PRINT IT, SIGN IT BY HAND, AND SUBMIT IT IN PERSON AT OUR OFFICE LOCATED AT 3974 DUROCK ROAD, SUITE 205, SHINGLE SPRINGS, CA 95682 .

IF YOU NEED ASSISTANCE COMPLETING THIS FORM OR REQUIRE THIS DOCUMENT IN AN ALTERNATE FORMAT, PLEASE CONTACT US AT 530-621-5625, FOR SUPPORT.

South Lake Tahoe Office
1360 Johnson Blvd., Ste 102
South Lake Tahoe, CA 96150
(530) 573-3083

Shingle Springs Office
3974 Durock Rd., Ste 205
Shingle Springs, CA 95682
(530) 621-5625

Juvenile Treatment Center
1041 Al Tahoe Blvd.
South Lake Tahoe, CA 96150
(530) 573-7990

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JOB SHADOW APPLICATION FORM

NAME (LAST, FIRST, MIDDLE INITIAL):		
ADDRESS:		
HOME/CELL PHONE NUMBER:		
DRIVERS LICENSE NUMBER & STATE:		
SOCIAL SECURITY NUMBER:		
DATE OF BIRTH:	AGE:	PARTICIPANT REFERRED BY:
AVAILABLE DAYS AND HOURS FOR PARTICIPATION:		
DOES APPLICANT HAVE ANY LAW ENFORCEMENT EXPERIENCE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, IN WHAT CAPACITY
DOES APPLICANT HAVE ANY MEDICAL TRAINING (NURSING, EMT, MEDIC)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, IN WHAT CAPACITY:
ANY SIGNIFICANT MEDICAL OR PSYCHOLOGICAL PROBLEMS?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PLEASE EXPLAIN:
IN CASE OF EMERGENCY, PLEASE CONTACT:		
CONTACT NUMBER(S):		
RELATIONSHIP TO APPLICANT:		
HAS APPLICANT EVER BEEN ARRESTED?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PLEASE INDICATE DATE AND COUTY OF OFFENSE:
PLEASE PROVIDE A BRIEF EXPLANATION REGARDING THE NATURE OF YOUR INTEREST IN PARTICIPATING IN THIS PROGRAM (Class assignment, work experience, media, partner agency, future applicant, etc.):		

I UNDERSTAND THAT MY INVOLVEMENT IN THE JOB SHADOW PROGRAM IS STRICTLY VOLUNTARY AND I WILL NOT HOLD THE PROBATION DEPARTMENT OR THE COUNTY OF EL DORADO LIABLE IN THE EVENT OF ANY POTENTIAL STRESS, INJURY OR DEATH, WHICH MIGHT OCCUR AS A RESULT OF MY PARTICIPTION

SIGNATURE: _____

DATE SIGNED: _____

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EL DORADO COUNTY PROBATION DEPARTMENT JOB SHADOW PROGRAM BACKGROUND AUTHORIZATION FORM NON- EMPLOYEE BACKGROUND AUTHORIZATION

BACKGROUND AUTHORIZATION

I understand that a criminal background check and a warrant check may be conducted as part of the application process. I hereby authorize any law enforcement agency, agencies of the United States of America and agencies of the State of California to release to the El Dorado County Probation Department any and all information related to or pertaining to me, for the limited purpose of aiding the Probation Department in evaluating my eligibility for participation in the Job Shadow Program.

This release extends to any and all information, which said agencies may have regarding me, whether public, personal or confidential. I understand that I will not receive and am not entitled to know the contents of confidential reports received from these agencies and I further understand that these reports are privileged. I hereby release, discharge, and agree to hold harmless the agencies, their agents and representatives and any person furnishing information from any and all liability of every nature and kind arising out of the furnishing and inspecting of such documents, records and other information. This release shall be binding on my legal representatives, heirs, and assignees.

SIGNATURE OF APPLICANT

DATE SIGNED

PRINT NAME

NOTE: IF THE APPLICANT IS NOT EMPLOYED BY THE PROBATION DEPARTMENT, THIS FORM MUST BE SUBMITTED WITH THE APPLICATION.

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JOB SHADOW PROGRAM

AGREEMENT ASSUMING RISK OF INJURY OR DAMAGE WAIVER AND RELEASE OF CLAIMS

WHEREAS, the undersigned has made a voluntary request to observe a peace officer while performing the activities of their official duties in the capacity of a Probation Officer at the El Dorado County Probation Department; and

WHEREAS, the undersigned acknowledges that the work and activities of said law enforcement agency are inherently dangerous, involving possible risk of injury, damage, expense, loss of property or death; and

NOW, THEREFORE, be it understood that the undersigned hereby agrees that the County of El Dorado, the El Dorado County Probation Department, the peace officer and all other employees or agents of El Dorado County, their sureties, and each of them, shall not be held liable or responsible under any circumstances whatsoever by the undersigned, his or her estate of heirs, for any injury, damage, expense, loss of property or death of the undersigned, incurred while accompanying a member of said department during the active performance of his/her official duties as a peace officer.

I, THE UNDERSIGNED APPLICANT, declare that I have given correct information in the foregoing application, and that I have read and understand the hereinabove "Agreement" assuming risk of injury or damage.

SIGNATURE OF APPLICANT

DATE SIGNED

PRINT NAME

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EL DORADO COUNTY PROBATION DEPARTMENT RULES AND REGULATIONS JOB SHADOW PROGRAM

The Job Shadow program offers members of the public the opportunity to interact with officers from our Department. The program seeks to increase public awareness regarding the functions of probation officers and introduces the wide range of services the Department provides the community.

The following rules are provided to make your experience as safe, pleasant, and productive as possible. Failure to adhere to any of these rules will result in the immediate termination of your participation and disqualify you from future participation.

1. Participants must follow the reasonable directives of their hosting officer at all times.
2. All participants shall be required to be appropriately dressed during their job shadow. Clothing must cover legs, feet, midriff and shoulders. No t-shirts, tank tops or sandals are permitted.
3. Carrying any type of weapon, including: firearms, knives, or chemical agents, is strictly prohibited.
4. Cameras, camera phones or any other recording equipment will be allowed only with prior permission and approval. Any material photographed or recorded in any way is subject to review and censorship by the Chief Probation Officer or his/her designee.
5. Participation in the Job Shadow Program is limited to once a year. Additional requests may be considered on a case-by-case basis.
6. Participants shall not participate in any situation or investigation either by handling evidence or having any physical or verbal contact with any victims, probationers or suspects.
7. Participants shall not be allowed to operate any county vehicle, or handle any officer safety equipment or weapon.
8. Participants shall not impede the Probation Officer in the performance of his/her duties.
9. In the event that a potentially dangerous situation arises, the participant shall immediately return to the officer's vehicle and remain there as long as it remains safe to do so or until further notice.
10. Participants are not to disclose to any party any confidential information they may learn during the course of their participation.

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