

# Los Angeles County Disaster Communications Service

## Application for Membership

Unit ID: <input style="width: 100%;" type="text"/>	<input type="checkbox"/> Renewal	<input type="checkbox"/> New	<input type="checkbox"/> 900	Date: <input style="width: 100%;" type="text"/>
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Amateur Call	Class of License	License Expiration Date
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Name Last, First, Middle

Residence Address Street, City, State ZIP Code

Mailing Address (If Different fro Residence Address)

Home Phone	Cell Phone	Pager	Home Fax
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Spouse Last, First, Middle

Date of Birth	Place of Birth
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Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	If Naturalized Date and Place
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Ethnic Origin	Sex	Height	Weight	Color of Hair	Color of Eyes
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Drivers License	State	Expiration Date	Social Security Number
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Cell Phone	Pager	E-Mail Address
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Blood Type	WOULD YOU BE WILLING TO DONATE BLOOD IF NEEDED?
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Emergency Contact Name and Relationship	Phone/Pager
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Place of Employment	Telephone and Extension
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Address Street, City, State and ZIP Code	FAX
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Job Title	Job Description
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E-Mail	During the course of an emergency, where will you respond first? (Home, Work, Volunteer Position)
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Yes <input type="checkbox"/>	No <input type="checkbox"/>	Have you ever applied for any position (full-time, part-time or volunteer) in Law Enforcement prior to this application. If so, Where? If so please explain on a seprate sheet of paper.
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Yes <input type="checkbox"/>	No <input type="checkbox"/>	Have you ever been in trouble with Law Enforcement? If so, please explain on a separate sheet of paper.
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Yes <input type="checkbox"/>	No <input type="checkbox"/>	Have you ever been convicted of a misdemeanor or felony? If so, please explain on a separate sheet of paper.
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I hereby authorize the Los Angeles Sheriff's Department to initiate a background check prior to my acceptance as a civilian volunteer with Los Angeles County Disaster Communications Service.

Signature _____	Date _____
Witness _____	Title _____



# Los Angeles County Disaster Communications Service



## ORIENTATION

### Volunteer RULES/Contract

#### **APPLICATION**

Each DCS volunteer must complete an application package and return it to the station/Unit Volunteer Coordinator. The application process shall include a background investigation consisting of a check of your driving record; arrest history, and finger print records.

#### **HOURS (Not required for 900 Series Members)**

The hours of duty shall be reported monthly to your District Communications Officer (DCO) or Staff Officer should the DCO position be vacant. You should not be in a Station or Sheriffs facility unless on regularly scheduled duty assignment or official business.

Each volunteer is required to maintain a minimum number of hours per month. The procedure for reporting your hours shall be explained by the District Communications Officer (DCO) or Staff Officer.

#### **IDENTIFICATION**

You will be issued a laminated identification card, which shall be worn **at all times** while on duty in a Sheriffs facility or during any event for DCS. Use of the ID card as a means of identification for other than official use, will be cause for termination from the program. At no time shall a volunteer state or imply that he or she is a sworn Deputy or Department employee. All identification cards are the property of the Los Angeles County Disaster Communications Service and must be returned by the volunteer upon termination or resignation.

#### **DRESS CODE AND PERSONAL APPEARANCE**

DCS Volunteers shall dress in the appropriate attire when participating in any DCS event, including training sessions, drills and Monday night nets. Appropriate attire for all members is the Official DCS uniform: beige or green DCS ID shirt with black or green pants, black shoes or business casual attire. Shorts, sandals and shirts without sleeves and/or collars are not acceptable. Any members not adhering to this dress code will be asked to leave the event.

#### **Problems with Law Enforcement**

You hereby agree and understand that if you are arrested or detained by any Law Enforcement Agency for any reason, EXCEPT for minor traffic violations/citation, you are required to notify the DCS Office by phone or email along with a brief written explanation of the incident within 72 hours. This written explanation must include your contact information if follow-up is required. Failure to notify the office can result in your termination from DCS.

#### **REPORTING AND SUPERVISION**

As a DCS volunteer you report directly to your assigned District Communications Officer (DCO) and the DCS Volunteer Coordinator. Your assignment may also place you under the direction of a Deputy Sheriff or other station supervisors. Any situation that you feel needs to be reported, whether positive or negative comment, shall be reported through the volunteer's chain of command.

#### **TELEPHONES**

Telephone calls are restricted to the Disaster Communications Service business only. Calls to other area codes are to be referred to the supervisor. Proper telephone courtesy and etiquette shall be observed at all times. If you are asked a question and don't know the answer, **DO NOT GUESS**. Ask for the caller's name and telephone number and advise them that they can expect a call back with an answer as soon as possible.

Revised 9/2009

## **PUBLIC CONTACT**

As a DCS volunteer, you represent the Los Angeles County Disaster Communications Service, as well as the Los Angeles County Sheriff's Department, and shall conduct all contact with the public in a highly professional manner. DCS volunteers shall not make statements to the press or media. Refer all questions to your supervisor.

## **CONFIDENTIAL INFORMATION**

You may be exposed to sensitive information during your assignments as a DCS volunteer. Remember, official business of the Sheriff's Department is confidential. Members shall discuss or give official information only to persons for whom the information is intended, or as directed by superiors or as required by law. The content of any criminal record filed in the Department shall be shown or divulged only to authorized people.

As a DCS volunteer you may not use the computer system without the written authorization of the Unit Commander or Emergency Operations Bureau's DCS Liaison Sergeant or Deputy.

**USE OF CRIMINAL JUSTICE INFORMATION** "No employee shall divulge confidential information, data or records of the Department of Justice to any person to whom issuance of such data, information or records has not been authorized." Such misuse is a misdemeanor under California Law. Any volunteer responsible for such misuse is subject to immediate dismissal and possible legal action.

## **OFF DUTY ENCOUNTERS**

Deputies and volunteers occasionally work on surveillance or other covert assignments. They may be assigned on a regular basis or used for short term assignments. If you see a deputy or volunteer, other than at your workplace wearing civilian clothing, **do not** acknowledge their presence until they acknowledge you, as they may desire not to have their identity or law enforcement occupation known to others.

## **FRATERNIZATION WITH INMATES**

Be aware that members of this Department are prohibited from fraternizing with, engaging in the services of, or accepting services from or performing favors for any persons in custody or recently released from the custody of the Department. Any member contacted by, or on behalf of, a recently discharged prisoner (within the last 30 days) shall immediately report such contact to his/her Station Coordinator and the EOB Liaison.

## **PERSONNEL AND EQUIPMENT SAFETY POLICY**

The Sheriff's Department regards the personnel of this Department as its most valuable asset. It is the policy of this Department to conduct all operations with the utmost concern for its personnel, equipment, vehicles and facilities. The reduction of losses due to injuries to Departmental employees and damage to county property is an essential part of an efficient operation. Therefore, the practice of safety and the prevention of accidents shall be the responsibility of all members.

## **MEDICAL COVERAGE**

DCS volunteers must be in reasonably good health. Should your health status change, it is imperative that the Station DCS Coordinator be informed of such change in a timely manner. Should you become ill or injured, and off work for any length of time, a medical "return to work" release may be required.

If you are injured during the course of your volunteer assignment, you shall immediately advise a supervisor. Your medical care will be covered using your own medical insurance coverage. The County of Los Angeles may reimburse you up to \$10,000 for costs not covered by your medical insurance policy.

**ACCEPTANCE AND TERMINATION FROM THE DISASTER COMMUNICATIONS SERVICE PROGRAM**

Volunteers may be accepted to the DCS program without reference to a Civil Service eligibility list, and terminated without the benefit of a hearing or other formality. The program offers no monetary or other form of compensation.

I HAVE READ, UNDERSTAND AND ACCEPT THE TERMS OF THIS AGREEMENT.

\_\_\_\_\_  
APPLICANT'S PRINTED NAME

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE:

\_\_\_\_\_  
AUTHORIZED SHERIFF'S REPRESENTATIVE

\_\_\_\_\_  
TITLE

## USE OF THE CRIMINAL JUSTICE SYSTEM

As an employee of the DCS volunteer Program of the Los Angeles County Sheriff's Department, you may have access to confidential criminal record information which is controlled by statute. Misuse of such information may adversely affect the individual's civil rights and violate the law. Penal Code Sections 11105 and 1330 identify who has access to criminal history information and under what circumstances it may be released. Penal Code Sections 11140-11144 and 13301-13305 prescribe penalties for misuse of criminal history information. Government Code Section 6200 prescribes the felony penalties for misuse of public records and CLETS information. Penal, Code Sections 11142 and 13303 states:

"Any person authorized by law to receive a record of information obtained from a record who knowingly furnishes the record or information to a person not authorized by law to receive the record or information is guilty of a misdemeanor."

Any employee who is responsible for such misuse is subject to immediate dismissal. Violations of this law may also result in criminal and/or civil action.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
DATE:

\_\_\_\_\_  
Print Name

# Los Angeles County Disaster Communications Service (LACDCS) Uniform Policy

Members will wear the proper DCS uniform at all DCS functions and deployments as outlined below, unless instructed otherwise:

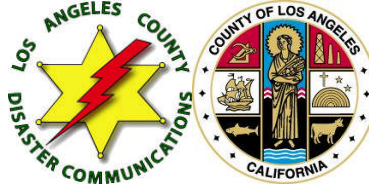
- Green polo shirt over a white Tee shirt (both tucked in). Appropriate undergarments must be worn at all times.
- A black mock turtleneck, when weather conditions deem them appropriate. The only embroidered lettering permitted around the neck is "LACDCS".
- Black belt. Basket weave or nylon web type.
- Green Class "B" or BDU pants
- Black socks.
- Black shoes or boots. Shoes/Boots will be shined at all times.
- Green DCS lightweight jacket.
- Sheriff's Field type and Class "B" Jackets with appropriate DCS shoulder patches affixed.
- Green heavy weight "flight type" jacket with appropriate DCS shoulder patches affixed.
- The uniform will be maintained so that it is clean and neat in appearance.
- Only patches or insignias which are authorized by the Los Angeles County Disaster Communications Service (LACDCS) will be worn.
- Rank insignias are NOT to be worn on deployments.
- DCS baseball style cap (optional). Wide brim hats are also acceptable.
- This smoking policy is established in accordance with the Los Angeles County Code Title 2 Administration, Chapter 2.126, Ordinance #85-0093, regarding smoking in County facilities.

For the purpose of this section, smoking shall include cigarette, cigar or pipe smoke, or any other like substance, lighting such a substance and/or carrying a burning pipe, cigar, cigarette or like substance of any kind. Members shall not smoke or use any form of tobacco, including smokeless, on duty, while conducting interviews or under any circumstances where such use may be detrimental to good conduct, appearance or procedure.

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

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_, Tactical Call: \_\_\_\_\_



# Los Angeles County Disaster Communications Service

## Letter of Commitment

By signing this Letter of Commitment I agree to the following terms and conditions of becoming a member of the Los Angeles Disaster Communications Service (LACDCS):

- Commit to Forty-eight (48) hours per calendar year. The first year's hours requirement is pro-rated according to the chart below.

Calendar Quarter in Which Member Joined LACDCS

First Quarter	Second Quarter	Third Quarter	Fourth Quarter
48 Hours	36 Hours	24 Hours	12 Hours

- Commit to completing the following FEMA IC Courses within Six (6) months of prospective member training. I also understand that from time to time, the completion of additional courses may be required.

Courses required as of the date of this Commitment Letter:

IC 100	IC 200	IC 700	IC 800
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- Commit to acquiring a conforming LACDCS Uniform, as set forth in the LACDCS Uniform Policy, within three (3) months of becoming a member of the LACDCS. I further understand that I will not be allowed out on activations without wearing a proper uniform at all times.

Dated: \_\_\_\_\_

Print Name: \_\_\_\_\_

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



LACDCS  
1275 N. Eastern Ave.  
Los Angeles, CA 90063

Phone: 323-980-2246  
E-mail: DCSInfo@lacdcs.org

## ASSIGNMENT OF INTELLECTUAL PROPERTY

As a Volunteer for the Los Angeles County Disaster Communications Service (LACDCS) I understand that I may participate in the creation, design, and implementation of documents, manuals, procedures, symbols, badges, web page design, web page content, and other items for use by LACDCS which may be protected by copyright, patent, trademark, or other means for the protection intellectual property rights.

I further understand that a condition of my being permitted to serve as a Volunteer with LACDCS is that I agree to assign any and all intellectual property rights which I may acquire in connection with that volunteer service to LACDCS and that I further agree to cooperate in signing any documents and taking any further steps required of me to transfer such rights to LACDCS without payment or compensation.

The undersigned hereby acknowledges and agrees that *unless there is a written contract to the contrary*, all intellectual property rights acquired during my volunteer service with LACDCS, or in connection with work done at the request of, or on behalf of LACDCS shall belong to LACDCS and that I will cooperate in doing whatever is necessary to assign and/or transfer all such rights to LACDCS without payment or compensation.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name