



DISPATCH SIT-ALONG REQUEST FORM

NAME: _____ DATE: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ BEST CONTACT NUMBER: _____ EMAIL: _____

DATE OF BIRTH: _____ DRIVER'S LICENSE: _____ STATE: _____

BACKGROUND AUTHORIZATION: I understand that a criminal check and warrant check will be conducted as part of the application process. I hereby authorize any law enforcement agency, agencies of the government of the United States of America and agencies of the State of California to release to the Yolo Emergency Communications Agency (YECA) any and all information which said agencies or any of them have on me, for the limited purpose of aiding YECA in evaluating my eligibility for participation in the sit-along program. This release extends to any and all information which said agencies or any of them may have about 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. I further understand 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 inspection of such documents, records and other information, and this release shall be binding on my legal representatives, heirs and assigns.

Reason for Sit Along: Dispatch Applicant Other: _____

Have you conducted a sit-along at YECA in the past? YES NO

The observation period is typically best from 4:00pm to 8:00pm. Please select the day of the week that you would prefer:

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY

By the nature of this sit-along observation, you may be exposed to confidential criminal record information, which is controlled by state and federal statutes. Misuse of such information may adversely affect the individual's civil rights and violate constitutional rights of privacy. Penal Code sections 11105 and 13300 identify who has access to criminal history information and under what circumstances it may be disseminated. Penal Code sections 11140-11144 and 13301-13305 prescribe penalties for misuse of criminal history information. Government Code Section 6200 prescribes felony penalties for misuse of public records. Penal sections 11142 and 13303 state: "Any person authorized by law to receive a record or 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." invasion of Privacy Civil Section 1798.53 states: Any person who intentionally discloses information, not otherwise public, which they know or should reasonably know was obtained from personal or confidential information maintained by a state agency or from records within a system of records maintained by a federal government agency, shall be subject to a civil action, for invasion of privacy, by the individual." Any violation of this law may result in criminal and/or civil action.

I have read the above and understand the policy regarding misuse of criminal record information.

I authorize a criminal and warrant check.

SIGNATURE: _____ DATE: _____

OFFICIAL USE ONLY:

ALL SYSTEMS CHECK COMPLETE (INCLUDES RMS)

APPROVED

GATE CALENDAR

DENIED

SCHEDULED

DATE SCHEDULED: _____ TIME: _____

SPECIAL INSTRUCTIONS:

PROCESSED BY: _____ DATE: _____

Processed APPLICANT sit-along forms will be saved to the III drive > Recruitment. All others, save to the III drive > Sit Along Applications folder.