

David Jones
Sheriff

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Unit Coordinator



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**TOM GREEN COUNTY SHERIFF
CRISIS INTERVENTION UNIT**

3005 N Chadbourne St.
San Angelo, Texas 76903

CIU VOLUNTEER APPLICATION

FULL NAME _____ BIRTH DATE _____

ADDRESS _____ CITY _____ TX,

ZIP _____

HOME PHONE _____ CELL _____

WORK PHONE _____ SOCIAL SECURITY# _____

E-MAIL _____

MARITAL STATUS _____ AGES OF CHILDREN AT HOME _____

EMPLOYER _____ OCCUPATION _____

DO YOU HAVE RELIABLE TRANSPORTATION? (Required) _____

MAKE & COLOR _____ D.L. _____

IN CASE OF EMERGENCY NOTIFY: _____

ADDRESS/PHONE _____

REFERENCES: (Name, address and phone)

PERSONAL _____

PROFESSIONAL _____

HAVE YOU EVER BEEN VICITIMIZED? IF SO, EXPLAIN BRIEFLY _____

HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR AND/OR FELONY? IF SO,
EXPLAIN BRIEFLY AND INCLUDE THE YEAR(S) _____

WHAT QUALIFICATIONS OR ASSETS DO YOU FEEL YOU CAN CONTRIBUTE TO
CIU? _____

DO YOU BELIEVE YOU WILL YOU BE ABLE TO COMMIT TO AT LEAST ONE YEAR
OF VOLUNTEER SERVICE WITH THE CIU? _____

HOW DID YOU HEAR ABOUT CIU? _____

We require a background check through TCIC and NCIC before allowing anyone to volunteer for
CIU. The background check is run every year you remain a volunteer for CIU. Please sign
below if you give your permission to do so.

AUTHORITY TO RELEASE INFORMATION

To Whom It May Concern:

I hereby authorize any officer or authorized representative of the Tom Green County Sheriff's
Office bearing this release, or copy thereof, to obtain any information pertaining to my criminally
history. I hereby direct you to release such information upon request of the bearer. This release
is executed with full knowledge and understanding that the information is for the official use of
Tom Green County Sheriff's Office and shall remain valid for the duration of my service as a
member of the Tom Green County Sheriff's Crisis Intervention Unit. I hereby release you, as the
custodian of such records, from any and all liability from damages of whatever kind; which may
at any time result to me, my heirs, family or associates because of compliance with this
authorization and request to release information, or any attempt to comply with it. Should there
be any question as to the validity of this release, you may contact me as indicated below.

FULL NAME _____
Signature

FULL NAME _____
Print Name

DATE _____