

STOCKTON POLICE DEPARTMENT

SENTINELS APPLICATION



APPLICATION OF INTEREST

The Stockton Police Department thanks you for expressing an interest in the Sentinel volunteer program. The Sentinel provides a valuable service to the Police Department and the community. The Sentinel program offers citizens the opportunity to volunteer in the patrolling function of the department.

Sentinels are trained to perform duties that do not require the presence of a sworn police officer. This allows sworn officers to perform other duties and enhance public safety.

Typical duties of a Sentinel may include but are not limited to taking non-emergency reports, working special events, and patrolling businesses and neighborhoods.

A Sentinel must be 18 years of age or older and pass a background check. Completing and returning the attached documents are the first steps in becoming a Sentinel for the City of Stockton. These documents will be reviewed and a department representative will contact you with additional information on the next phase of the application process.

If you have questions please contact sentinels@stocktongov.com at (209) 937-8000.

Please complete the attached forms and return them to:

Stockton Police Department
Attn: Sentinels Unit
22 E Market St, Stockton, CA 95202

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Section 1: Personal

YOUR FULL NAME

LAST

FIRST

MIDDLE

OTHER NAMES, INCLUDING NICKNAMES YOU HAVE USED OR BEEN KNOWN BY

ADDRESS

CITY

STATE

ZIP

MAILING ADDRESS IF DIFFERENT FROM ABOVE

CITY

STATE

ZIP

CONTACT NUMBERS

() - CELL HOME WORK () - CELL HOME WORK

EMAIL ADDRESS

BIRTHDATE

DO YOU POSSESS A VALID CALIFORNIA DRIVER'S LICENSE?

YES NO CLD NUMBER: _____

CAN YOU OBTAIN ONE? YES NO

CAN YOU SPEAK A LANGUAGE OTHER THAN ENGLISH?

YES NO LANGUAGE _____

CAN YOU READ A LANGUAGE OTHER THAN ENGLISH?

YES NO LANGUAGE _____

CAN YOU WRITE IN A LANGUAGE OTHER THAN ENGLISH?

YES NO LANGUAGE _____

WHY DO YOU WANT TO BE A SENTINEL?

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SECTION 2: EDUCATION		
WHAT HIGH SCHOOL DID YOU GRADUATE FROM?		
SCHOOL _____	YEAR _____	GED _____
COLLEGE OR UNIVERSITY (INCLUDE DATES ATTENDED, MAJOR AND/OR DEGREE EARNED)		
CERTIFICATE OF TRAINING, LICENSES, OR PROFESSIONAL REGISTRATION		

SECTION 3: WORK EXPERIENCE	
PRESENT/MOST RECENT EMPLOYER	
NAME:	
ADDRESS:	
CITY/STATE/ZIP:	
PHONE:	
DATES WORKED: _____	TO _____
SUPERVISOR: _____	PHONE: _____
MAY WE CONTACT : <input type="checkbox"/> YES <input type="checkbox"/> NO	
JOB TITLE/DUTIES:	
REASON FOR LEAVING:	
FORMER EMPLOYER	
NAME:	
ADDRESS:	
CITY/STATE/ZIP:	
PHONE:	
DATES WORKED: _____	TO _____
SUPERVISOR: _____	PHONE: _____
MAY WE CONTACT : <input type="checkbox"/> YES <input type="checkbox"/> NO	
JOB TITLE/DUTIES:	
REASON FOR LEAVING:	

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SECTION 4: VOLUNTEER EXPERIENCE	
ORGANIZATION:	
ADDRESS:	
DATES WORKED:	TO
APPROX HOURS PER WEEK:	
SUPERVISOR:	PHONE:
DUTIES:	
ORGANIZATION:	
ADDRESS:	
DATES WORKED:	TO
APPROX HOURS PER WEEK:	
SUPERVISOR:	PHONE:
DUTIES:	
ORGANIZATION:	
ADDRESS:	
DATES WORKED:	TO
APPROX HOURS PER WEEK:	
SUPERVISOR:	PHONE:
DUTIES:	

SECTION 5: REFERENCES	
NAME:	
RELATIONSHIP:	
PHONE NUMBER:	
NAME:	
RELATIONSHIP:	
PHONE NUMBER:	
NAME:	
RELATIONSHIP:	
PHONE NUMBER:	

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SECTION 6: BACKGROUND CHECK

PERMISSION TO CONDUCT A BACKGROUND INVESTIGATION

As an applicant for the Stockton Police Department Sentinel Program, I understand the Stockton Police Department will conduct a criminal history background investigation, including convictions, pending charges, and outstanding warrants. I understand that all available police and criminal records will be checked and the information will be used in determining eligibility for the Sentinels Unit. All information is to remain confidential as required by state and federal statutes.

APPLICANT SIGNATURE _____ DATE: _____

I HERBY CERTIFY THAT ALL STATEMENTS AND ANSWERS ON THIS FORM ARE TRUE AND COMPLETE

Signature of Applicant _____ Date _____

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