



CITIZENS ON PATROL SERVICES

Proudly serving the residents of Rancho Mirage

Dear Potential Applicant:

Thank you for your interest in the City of Rancho Mirage Citizens on Patrol Services (COPS) program. Please be advised of the following minimum requirements:

1. 21 years of age.
2. Validly issued driver's license with a satisfactory driving record.

Enclosed you will find an application package, consisting of:

1. Application
2. Insurance Information & Biographical Sketch
3. Request for Live Scan (Fingerprints)
4. Live Scan Instructions
5. Sheriff Ride Along - Application
6. Sheriff Ride Along - Waiver and Release Form

You must provide a color photo copy of your Driver's license with your application.

Once you have all of your documents completed, please return ALL documents by mail or in person to the address provided:

City of Rancho Mirage
Attn: Brian Kephart (COPS Liaison)
69825 Highway 111
Rancho Mirage, CA 92270

After your application has been received and accepted, a representative will contact you to schedule an in-person interview and provide additional direction on the rest of the application process.

Thank you again for your interest in joining our program and serving your community

Welcome!

A handwritten signature in blue ink, appearing to read "Brian Kephart".

Brian Kephart
COPS Program Liaison
(760) 770-3220

CITIZENS ON PATROL SERVICES | CITY OF RANCHO MIRAGE, CALIFORNIA
69-825 HIGHWAY 111, RANCHO MIRAGE, CA 92270 | PHONE 760-324-4511
FIND US ONLINE AT: WWW.RANCHOMIRAGECOPS.COM

Updated November 23, 2021



RANCHO MIRAGE COPS VOLUNTEER APPLICATION

Name: _____
Last First Initial

Address: _____
Number Street

Address: _____
City State ZIP

Phone: _____ Cell Phone: _____

Date of Birth: _____ Country of Birth: _____ Citizenship: _____

Email Address: _____

Height: _____ Weight: _____ Hair: _____ Eyes: _____ Gender: _____

Drivers License #: _____ Exp: _____ State: _____

Drivers License Limitations: _____

Have you ever been convicted of a crime in the past 10 years? (Yes) (No) _____

If Yes, describe: _____

Education (circle highest grade attended): 7 8 9 10 11 12 13 14 15 16

Current Employment (if not retired): _____

Emergency Contact: _____ Relationship: _____

Address: _____ Phone: _____

Physician: _____ Phone: _____

Please list any skills: electronics, construction, CPR, photography, computer, etc:

I hereby state that all information supplied in this application is true:

Signature: _____ Date: _____



RANCHO MIRAGE COPS INSURANCE INFORMATION BIOGRAPHICAL SKETCH

Automobile Insurance Carrier: _____ Expires: _____

The Board of Supervisors for the County of riverside requires County volunteers who operate their own private vehicles on County business provide the following minimum vehicle liability insurance coverage:

- \$15,000/\$30,000 for bodily injury or death
- \$ 5,000 for property damage

I hereby certify that I have reviewed, and understand, the requirements and/or limitations, included in the insurance information provided above.

I hereby certify that I now maintain the minimum liability insurance coverage, as required by the Board of Supervisors. I further certify that I will continue to maintain this coverage for as long as I am a volunteer with the County of Riverside and drive my private vehicle or a County vehicle on official County business. I further certify that I now have and will continue to maintain a current US Driver's License. I also certify that I have no medical conditions precluding me from safely operating a vehicle.

Signature: _____ Date: _____

BIOGRAPHICAL SKETCH

Civic Involvement, education, work experience, other pertinent background and supplemental material relevant to being a COPS volunteer:



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A 0982

ORI (Code assigned by DOJ)

Citizens on Patrol Officer

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

CITY OF RANCHO MIRAGE

Agency Authorized to Receive Criminal Record Information

69-825 HWY 111

Street Address or P.O. Box

Rancho Mirage

City

CA 92270

State ZIP Code

Volunteer

Authorized Applicant Type

00202

Mail Code (five-digit code assigned by DOJ)

Contact Name (mandatory for all school submissions)

(760) 324-4511

Contact Telephone Number

Applicant Information:

Last Name

Other Name

(AKA or Alias) Last

Date of Birth

Sex Male Female

Height

Weight

Eye Color

Hair Color

Place of Birth (State or Country)

Social Security Number

Home

Address Street Address or P.O. Box

First Name

Middle Initial

Suffix

First

Suffix

Driver's License Number

Billing

Number 143876

(Agency Billing Number)

Misc.

Number

(Other Identification Number)

City

State

ZIP Code

Your Number:

OCA Number (Agency Identifying Number)

Level of Service:

DOJ

FBI

If re-submission, list original ATI number:
(Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

Employer Name

Mail Code (five digit code assigned by DOJ)

Street Address or P.O. Box

City

State

ZIP Code

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

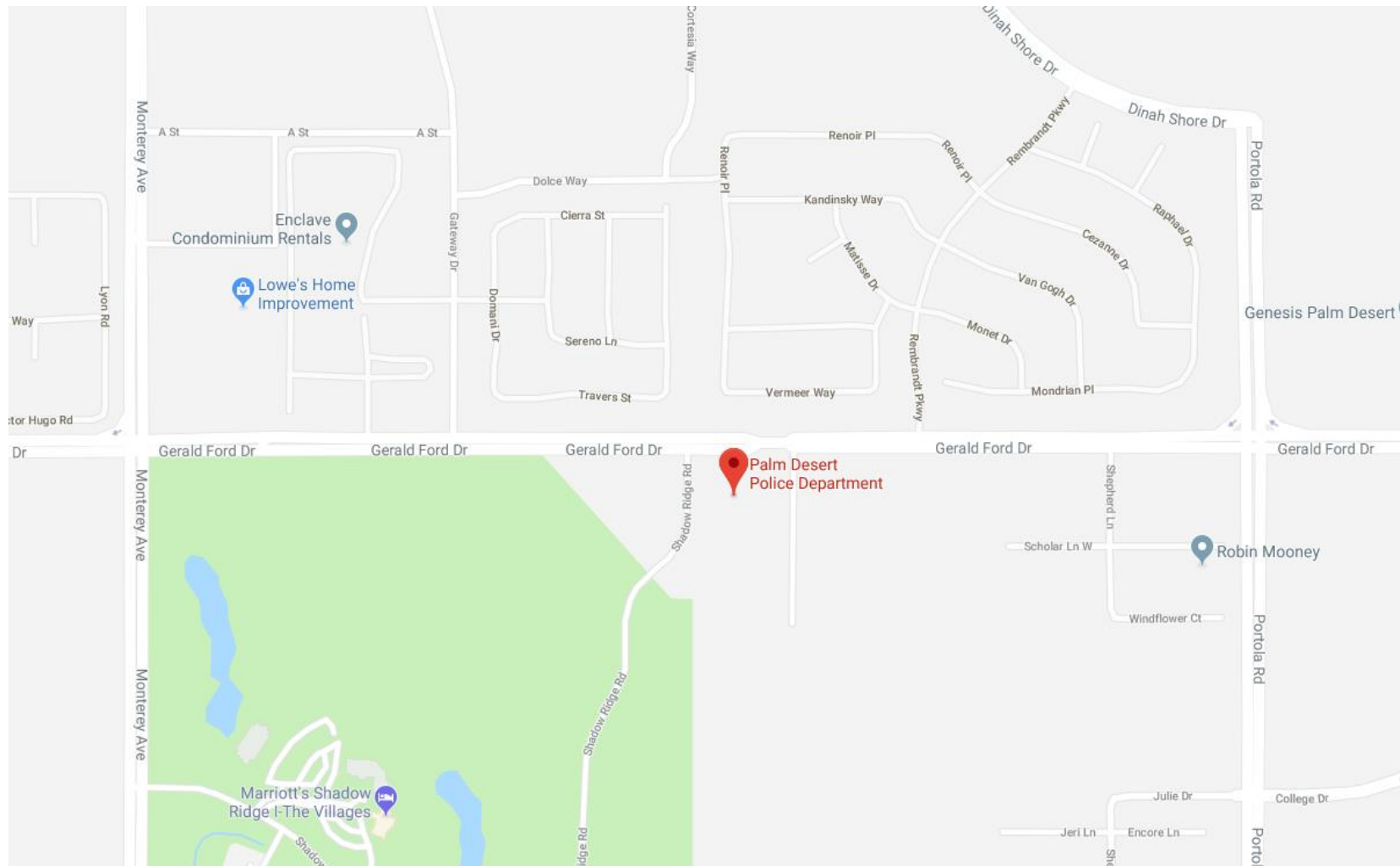
ATI Number

Amount Collected/Billed

Live Scan Instructions

1. Fill in all information under “Applicant Information.”
2. Turn in your complete application packet to the City and wait until your Live Scan application is returned to you.
3. Call the Palm Desert Sheriff’s Station at 760-836-1600 and request an appointment for Live Scan.
4. Take the completed Live Scan form to the Palm Desert Sheriff’s Station at the Date and Time scheduled over the phone.
5. After about a week, the results of the Live Scan will be sent to the City of Rancho Mirage for review and approval. Once approved, a member of COPS will contact you to move forward in the process.

Location of the Palm Desert Sheriff’s Stations: 73705 Gerald Ford Drive, Palm Desert, CA 92211, 760-836-1600



Riverside County Sheriff's Department
Chad Bianco, Sheriff

RIDE-ALONG APPLICATION

Application # RAA _____

Application # will be automatically generated in Patrol Tracker

Applicant's Full Name		Date of Birth	<input type="checkbox"/> Male	Date of Application
			<input type="checkbox"/> Female	
Applicant's Complete Address		Phone Number	Date & Time of Participation	
Applicant's Occupation (if student, Name of School)		Education Level	Driver's License No.	State of Issuance
Next of Kin to be contacted in case of emergency		Telephone Number	Alternative Contact No. or Email Address	
Doctor or Medical Facility (Name & Address)		Type of personal accident insurance		
1. Have you ever been arrested for a criminal offense other than minor traffic offenses?		<input type="checkbox"/> NO	<input type="checkbox"/> YES	If yes, please explain:
2. Have you had any contact with the criminal justice system?		<input type="checkbox"/> NO	<input type="checkbox"/> YES	If yes, please explain:
3. What are your reasons for requesting participation at this time?				
APPROVAL FOR RIDE-ALONG OR DIRECT LAW ENFORCEMENT EXPERIENCE				
<input type="checkbox"/> Approved		<input type="checkbox"/> Disapproved		
Reason for Disapproval:				

Station Commander Signature

Watch Commander Signature

Assigned to:

To be completed by employee assigned. Please print or type information.

Describe any significant crimes or problems you and your observer became involved in:

Number of hours' observer remained:

Did observer interfere with your duties: NO YES

If YES explain:

Employee Signature _____



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

As used in this agreement, the term "law enforcement department" shall include the Sheriff's Department of Riverside County and the Police Departments of the several cities within Riverside County. The term "county" shall refer to Riverside County and the term "city" shall refer to each and every city within Riverside County as appropriate.

WHEREAS, the undersigned being (under) (over) the age of twenty-one and not being a member, employee, or agent of any law enforcement, has made a voluntary written request for permission to ride as a guest or observer in a law enforcement department vehicle at a time when such vehicle is operated and manned by members of said law enforcement department and has further requested permission to accompany a members of said law enforcement department during the active performance of their official duties as Police Officers or Sheriff's Deputies; and

WHEREAS, the undersigned acknowledges that the work and activities of said law enforcement department are inherently dangerous involving possible risk of injury, damage, expense or loss to person and property and further agrees that the said law enforcement department did not take the initiative in extending an invitation to ride or accompany its members;

NOW, THEREFORE, be it understood that the undersigned and his parent or guardian hereby agrees that the city, the county, the law enforcement department, any member of a law enforcement department, the driver or owner of any automobile owned or operated by, or in the service of the city or county, their sureties, and each of them shall not be held liable or responsible under any circumstances whatsoever by the undersigned, his estate or heirs of any injury, damage, expenses or loss to their person or property of the undersigned incurred while riding as a guest or observer in any law enforcement department vehicle or while accompanying a member of said department during the active performance of his official duties as a police officer.

READ THIS DOCUMENT COMPLETELY BEFORE SIGNING

Date: _____ Parent or Guardian: _____

Signed: _____

Address: _____ Phone Number: _____

After completed experience, please write a statement in your own words describing your activities and opinions. Thank you.

