

# **CAPITOLA POLICE DEPARTMENT**

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422 Capitola Avenue, Capitola, CA 95010

Ph. (831) 475-4935

Fax (831) 479-8881

## **SURF SCHOOL INSTRUCTOR APPLICATION CRITERIA**

- Complete the attached Surf School Application. Any false or omitted information can lead to rejection of your application.
- Attach a copy of your Basic First Aid Certificate.
- Attach a copy of your CPR Certificate.
- Department of Justice (DOJ) Live Scan fingerprint clearance. See attachment.
- Copy of California Driver/Identification card.
- Criminal History – To be completed by the Capitola Police Department.

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## SURF SCHOOL INSTRUCTOR APPLICATION

<b>OFFICE USE ONLY</b>											
Date Application Submitted:		Surf School Company:				First Aid Cert <input type="checkbox"/> Yes <input type="checkbox"/> No		CPR <input type="checkbox"/> Yes <input type="checkbox"/> No		Waiver <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Applicant (Surname):			First Name				Initial(s)				
Address (No., Street, City, State, Zip Code)											
Resident Phone			Cellular Phone								
Calif. Drivers License No.							Date of Birth		Place of Birth		
Sex	Height		Weight		Hair	Eyes					
Basic First Aid Certificate: Attach copy to Application											
(Where obtained)			(Date)			(Expiration date)					
CPR Certificate: Attach copy to Application											
(Where obtained)			(Date)			(Expiration date)					
Have you ever undergone treatment for any alcohol or drug conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No											
If yes, explain (include date of treatment):											
Describe current status of health:											

**ARREST RECORD**

Place a check mark next to any misdemeanors which you may have committed and explain the circumstances of each in the section below.

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Petty theft                     | <input type="checkbox"/> Vandalism                           | <input type="checkbox"/> Annoying Phone Calls                          | <input type="checkbox"/> Indecent exposure                       |
| <input type="checkbox"/> Drunk in public                 | <input type="checkbox"/> Defrauding an Innkeeper             | <input type="checkbox"/> Possession of altered or false identification | <input type="checkbox"/> Impersonation of a peace officer        |
| <input type="checkbox"/> Illegal gambling                | <input type="checkbox"/> Assault/Battery (includes fighting) | <input type="checkbox"/> Brandishing a weapon                          | <input type="checkbox"/> Prostitution or soliciting a prostitute |
| <input type="checkbox"/> NSF "bounced"                   | <input type="checkbox"/> Carrying a concealed weapon         | <input type="checkbox"/> Possession of stolen property                 | <input type="checkbox"/> Unlawful assembly                       |
| <input type="checkbox"/> Hunting/fishing                 | <input type="checkbox"/> Unlawful Intercourse                | <input type="checkbox"/> Hit & run (no injuries)                       | <input type="checkbox"/> Joyriding                               |
| <input type="checkbox"/> Resisting arrest                | <input type="checkbox"/> Domestic Violence                   | <input type="checkbox"/> Possession of alcohol as a minor              | <input type="checkbox"/> Driving under the influence             |
| <input type="checkbox"/> Trespassing without a license   |  |  |  |
| <input type="checkbox"/> Possession of weapon w/o permit |  |  |  |

Other \_\_\_\_\_

Place a check mark next to any misdemeanors which you may have committed and explain the circumstances of each in the section below.

- |   |   |   |                                       |
|---|---|---|---------------------------------------|
| <input type="checkbox"/> Murder   | <input type="checkbox"/> Forcible Rape                                  | <input type="checkbox"/> Unlawful intercourse     | <input type="checkbox"/> Arson        |
| <input type="checkbox"/> Robbery  | <input type="checkbox"/> Burglary                                       | <input type="checkbox"/> Aggravated assault (ADW) | <input type="checkbox"/> Grand Theft  |
| <input type="checkbox"/> Forgery  | <input type="checkbox"/> Hit & run with injuries                        | <input type="checkbox"/> Auto theft               | <input type="checkbox"/> Elder abuse  |
| <input type="checkbox"/> Domestic Violence                                | <input type="checkbox"/> Child abuse                                    | <input type="checkbox"/> Other sexual assault     | <input type="checkbox"/> Embezzlement |
| <input type="checkbox"/> Perjury  | <input type="checkbox"/> Possession of explosive/ destructive device(s) | <input type="checkbox"/> Insurance fraud          |                                       |
| <input type="checkbox"/> Possession/Use of Controlled Substances          |   |   |                                       |
| <input type="checkbox"/> Cultivation/Manufacture of controlled substances |   |   |                                       |
| <input type="checkbox"/> Possession for sale of controlled substances     |   |   |                                       |

Other \_\_\_\_\_

Have you ever been found "Not Guilty By Reason of Insanity" for any offense or been designated a Mentally Disordered Sex Offender?

Yes  No

Have you ever struck someone else in anger?  Yes  No

**Comments:**


If needed, you can use additional paper.

**AGREEMENT:**

I understand that any misrepresentation or deliberate omission in my application may be justification for refusal or revocation of my Surf School Instructor. I also authorize all employers, references, etc., to give any information regarding my qualifications and character. I hereby release said employers, references, etc., and the City of Capitola from any liability for damages for receiving or releasing information:

SIGNATURE	DATE
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## **AUTHORIZATION FOR RELEASE OF INFORMATION**

As an applicant for a Surf School Instructor, I am required to furnish information for use in determining my moral, physical and mental qualifications. In this connection, I authorize release of any and all information that you may have concerning me, including information of a confidential or privileged nature.

I hereby release you, your organization, or others from any liability or damage that may result from furnishing the information requested.

Signed: \_\_\_\_\_

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

NOTE: You may retain this release for your files.



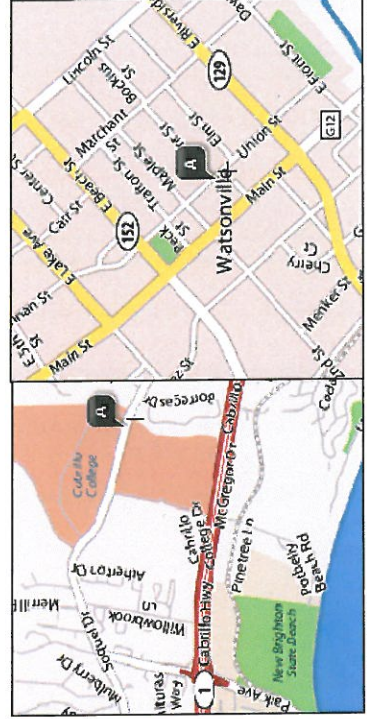
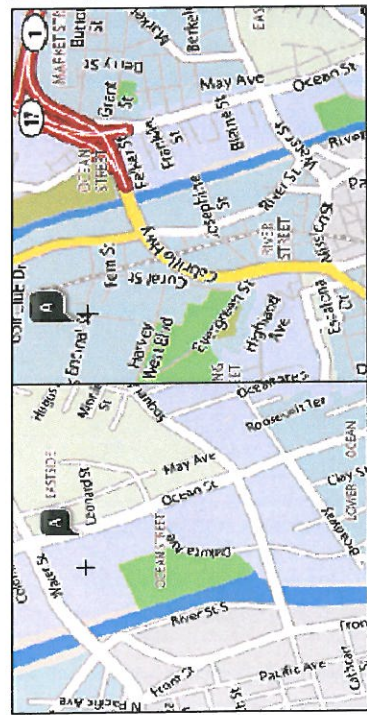
# SANTA CRUZ COUNTY APPLICANT FINGERPRINTING



<b>SANTA CRUZ COUNTY SHERIFF-CORONER</b> 701 OCEAN ST RM#340 SANTA CRUZ 831-454-3007 <i>Live Scan &amp; Ink Prints</i> <b>WEDNESDAY</b> 9:00 AM - 12:00 PM <b>APPOINTMENTS ONLY</b> <b>MONDAY &amp; FRIDAY</b> 9:00 AM - 12:00 PM <b>WALK-IN ONLY</b> <b>MONDAY/TUESDAY AND WEDNESDAY</b> 1:00 PM TO 4:00 PM <b>WALK-IN ONLY</b> <b>THURSDAY</b> CLOSED * \$25.00 / ROLL FEE WITH BIL# <b>CASH / CHECK</b>	<b>COUNTY OFFICE OF EDUCATION</b> 400 ENCINAL ST SANTA CRUZ 831-466-5750 <i>Live Scan Only</i> <b>MONDAY-FRIDAY</b> 8:30 AM - 11:00 AM <b>APPOINTMENTS ONLY</b> 1:30 PM - 4:00 PM WALK-IN Only for Santa Cruz Cnty School Employees * \$25.00 / ROLL FEE WITH BIL# <b>CHECKS / MONEY ORDER</b>	<b>CABRILLO COLLEGE SHERIFF OFFICE STATION</b> 6500 SOQUEL DR APTOS 831-479-6314 <i>Live Scan &amp; Ink Prints</i> <b>MONDAY-FRIDAY</b> 9:00 AM - 12:00 PM <b>WALK-IN</b> 1:00 PM - 4:00 PM <b>WALK-IN</b> * \$25.00 / ROLL FEE WITH BIL# <b>CASH / CHECK</b>	<b>WATSONVILLE POLICE DEPARTMENT</b> 215 UNION ST WATSONVILLE 831-768-3300 <i>Live Scan &amp; Ink Prints</i> <b>WEDNESDAY-THURSDAY</b> 4:00 PM TO 5:30 PM <b>APPOINTMENTS ONLY</b> 8:30 AM TO 12:30 PM <b>WALK-IN</b> * \$25.00 / ROLL FEE WITH BIL# <b>CASH / CHECK</b>
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APPLICANTS WHO DO NOT HAVE A BIL# MUST PAY THE \$25.00 ROLL FEE AND DOJ/FBI FEES TO THE LIVE SCAN OPERATOR BEFORE FINGERPRINTING. (DOJ & FBI FEES VARY IN PRICE BY THE TYPE OF LICENSE, CERTIFICATE OR EMPLOYMENT THAT YOU ARE APPLYING FOR.)

**PARKING** COUNTY GOVERNMENT CENTER PARKING LOT  
 VISITOR PARKING AREA  
 CAMPUS POLICE VISITOR PARKING AREA  
 METERED STREET PARKING



TO MAKE CHANGES TO THIS FORM CONTACT SANTA CRUZ COUNTY SHERIFF OFFICE @ 831-454-3007.

6/25/2010