



Secondary Employment Services Application
Homeowner's Association

Law Enforcement
Off-Duty Services Unit

ORANGE COUNTY SHERIFF'S OFFICE

BUSINESS INFORMATION (NOTE: Failure to fully complete all applicable information may result in processing delays.)

Association Name: _____
(Full HOA Name)

Street: _____ E-Mail Address: _____

Suite #: _____ Bldg #: _____ Rm/Hall: _____ City: _____ State: _____ Zip: _____

HOA President: _____ Title: _____
(Last, First, Middle)

Work #: _____ FAX #: _____ E-Mail Address: _____

Pager #: _____ Cell #: _____

HOA Treasurer: _____ Phone #: _____ Ext.: _____
(Last, First, Middle)

MANAGEMENT COMPANY (Complete this section if you rely on an outside management company to process your accounts payable.)

Management Company Name: _____

Street: _____ E-Mail: _____

P.O. Box: _____

Suite #: _____ Bldg #: _____ Rm/Hall: _____ City: _____ State: _____ Zip: _____

Management Company Representative: _____ Title: _____
(Last, First, Middle)

Work #: _____ FAX #: _____

Pager #: _____ Cell #: _____

Management Company Accounts Payable Contact: _____ Phone #: _____ Ext.: _____
(Last, First, Middle)

JOB SITE LOCATION INFORMATION

Location Name: _____ Is this job site located within a city jurisdiction? Yes No

Address: _____ Gate access community? Yes No

Suite #: _____ Bldg #: _____ Rm/Hall: _____ City: _____ State: _____ Zip: _____

Have you spoken with a particular Deputy Sheriff in reference to coordinating this job? Yes No

If yes, please provide name: _____

REQUESTED SHIFT SCHEDULE

Is this an ongoing detail over 31 calendar days? Yes No

Please provide a listing of your requested shifts. (A detailed schedule may be attached. If shifts are yet to be determined, please write the start date and end date and contact the Off-Duty Services Unit.)

Start Date: _____ Start Time: _____ End Date: _____ End Time: _____

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A CANCELLATION FEE MAY APPLY IF PROPER NOTICE IS NOT PROVIDED TO CANCEL THE JOB.

JOB INFORMATION SECTION

Are there any other agencies working this detail? Yes No

If yes, which ones? _____

Number of deputies requested: _____ Anticipated crowd size: 1-49 50-149 150-299 300-599
600-999 1000-1499 1500-2499 2500+

Alcohol sold? Yes No Alcohol served? Yes No

Describe job duties requested of deputies (i.e., traffic control, crowd control, etc.) _____

TYPE OF EVENT - Please describe the nature of your event (i.e., carnival, concert, traffic control, etc.) _____

TYPE OF UNIFORM REQUESTED

Must Be Filled Out

Class B Uniform: Green Short Sleeve/Long Pants (Traditional)

Class C Uniform: Green S/S Polo Shirt/Black Shorts/Black Shoes w/Duty Gun Belt

SUBMITTED BY

*I understand and agree to pay the Orange County Sheriff's Office an Equipment Usage Reimbursement (for vehicles, fuel, uniforms, accessories, etc.) charged for the use of any agency equipment. I understand an Orange County deputy engaged in off-duty employment is not covered by the Workers' Compensation Program or liability provisions of the agency's insurance plan **except** when engaged in law enforcement related actions. In the event of a non-enforcement-related incident/injury, the deputy falls under the Off-Duty Employer's Workers' Compensation coverage or liability insurance. If you do not provide this coverage, you must notify the deputy that he or she is assuming individual responsibility as an independent contractor.*

Initials (mandatory)

Print Name: _____ Signature: _____

Date: _____

FOR OFFICE USE ONLY

Approved **Denied** Approved By: _____ Date: _____

NOTES: _____

