



**SAN MATEO COUNTY SHERIFF'S OFFICE
GANG INTELLIGENCE UNIT**

8th Annual Gang Conference

OCTOBER 26TH – 28TH, 2016

ORACLE CONFERENCE CENTER, REDWOOD CITY, CALIFORNIA

CONFERENCE REGISTRATION

Conference is limited to 300 attendees. Cost of conference is \$250 if paid prior to October 1st, 2016 and \$300 after deadline. Registration fee includes training materials with breakfast and lunch served daily. Registration is first come, first serve with payment. A confirmation email of official registration will be sent upon payment.

LAW ENFORCEMENT ID REQUIRED AT CHECK-IN

Full Name _____

Rank/Title _____ POST ID# or Last 4 of SSN _____

Agency _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

Topics will include:

**Nuestra Familia Update - Bay Area Black Gangs - Legal Update
Cell Phone Investigations - Cartels - Gang Member Debrief**

Please complete this SMSO Conference Registration form AND the attached South Bay Regional College Application (all attendees must complete) and mail with payment to:

**San Mateo Sheriff's Training Unit, C/O Det. Robert Raw
400 County Center 3rd flr., Redwood City, CA 94063**

Make checks payable to: **County of San Mateo – Sheriff**

*For registration questions contact Robert Raw at rrow@smcgov.org or call 650-573-2545
(Hotel Accommodations Fairfield Inn, San Carlos & Extended Stay, Belmont.)*

P.O.S.T. # 2540-23215-16001 Plan N/A (Non-Reimbursable)

STC# 0010-085899



Hartnell College / South Bay Regional Public Safety Training Consortium
SPECIAL SHORT APPLICATION
APPLICATION FOR ADMISSION

TERM FOR WHICH YOU ARE APPLYING:

- SUMMER
- FALL/WINTER
- SPRING

READ CAREFULLY. WRITE CLEARLY WITH BLUE OR BLACK INK. PLEASE SIGN APPLICATION.

1 POST ID	2 PLACE OF BIRTH	3 BIRTHDATE	4 GENDER																									
5 LAST NAME		5 FIRST NAME		MIDDLE																								
6 ETHNIC BACKGROUND (INDICATE NUMBER IN BOX)																												
<table style="width: 100%; font-size: small;"> <tr> <td><input type="checkbox"/> 10. White, Non-Hispanic</td> <td><input type="checkbox"/> 24. Laotian</td> <td><input type="checkbox"/> 28. Other Asian</td> <td><input type="checkbox"/> 43. South American</td> <td><input type="checkbox"/> 62. Hawaiian</td> <td><input type="checkbox"/> 80. Other, Non-White</td> </tr> <tr> <td><input type="checkbox"/> 21. Chinese</td> <td><input type="checkbox"/> 25. Cambodian</td> <td><input type="checkbox"/> 30. Black, Non-Hispanic</td> <td><input type="checkbox"/> 44. Other Hispanic</td> <td><input type="checkbox"/> 63. Samoan</td> <td><input type="checkbox"/> 99. Decline to State</td> </tr> <tr> <td><input type="checkbox"/> 22. Japanese</td> <td><input type="checkbox"/> 26. Vietnamese</td> <td><input type="checkbox"/> 41. Mexican</td> <td><input type="checkbox"/> 50. American Indian, Alaskan</td> <td><input type="checkbox"/> 64. Other Pacific Islander</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 23. Korean</td> <td><input type="checkbox"/> 27. Indian Subcontinent</td> <td><input type="checkbox"/> 42. Central America</td> <td><input type="checkbox"/> 61. Guamanian</td> <td><input type="checkbox"/> 70. Filipino</td> <td></td> </tr> </table>					<input type="checkbox"/> 10. White, Non-Hispanic	<input type="checkbox"/> 24. Laotian	<input type="checkbox"/> 28. Other Asian	<input type="checkbox"/> 43. South American	<input type="checkbox"/> 62. Hawaiian	<input type="checkbox"/> 80. Other, Non-White	<input type="checkbox"/> 21. Chinese	<input type="checkbox"/> 25. Cambodian	<input type="checkbox"/> 30. Black, Non-Hispanic	<input type="checkbox"/> 44. Other Hispanic	<input type="checkbox"/> 63. Samoan	<input type="checkbox"/> 99. Decline to State	<input type="checkbox"/> 22. Japanese	<input type="checkbox"/> 26. Vietnamese	<input type="checkbox"/> 41. Mexican	<input type="checkbox"/> 50. American Indian, Alaskan	<input type="checkbox"/> 64. Other Pacific Islander		<input type="checkbox"/> 23. Korean	<input type="checkbox"/> 27. Indian Subcontinent	<input type="checkbox"/> 42. Central America	<input type="checkbox"/> 61. Guamanian	<input type="checkbox"/> 70. Filipino	
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8 NUMBER AND STREET				8 DAYTIME PHONE																								
8 CITY		8 STATE	8 ZIP CODE	8 EVENING PHONE																								
RESIDENCY AND CITIZENSHIP																												
9 IS ENGLISH YOUR PRIMARY LANGUAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO		10 ARE YOU A U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO																										
COMPLETE THE FOLLOWING SECTION IF NOT A U.S. CITIZEN																												
11 RESIDENT STATUS (INDICATE NUMBER IN BOX)		<table style="width: 100%; font-size: small;"> <tr> <td><input type="checkbox"/> 2. Permanent Resident (INS # _____)</td> <td><input type="checkbox"/> 5. Refugee/Asylee</td> </tr> <tr> <td><input type="checkbox"/> 3. Temporary Resident (INS # _____)</td> <td><input type="checkbox"/> 6. Student Visa Status (F-1 or M-1)</td> </tr> <tr> <td><input type="checkbox"/> 4. Amnesty</td> <td><input type="checkbox"/> 7. Other Status (Specify _____)</td> </tr> </table>		<input type="checkbox"/> 2. Permanent Resident (INS # _____)	<input type="checkbox"/> 5. Refugee/Asylee	<input type="checkbox"/> 3. Temporary Resident (INS # _____)	<input type="checkbox"/> 6. Student Visa Status (F-1 or M-1)	<input type="checkbox"/> 4. Amnesty	<input type="checkbox"/> 7. Other Status (Specify _____)	DATE OF ISSUE OF VISA																		
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COUNTRY OF CITIZENSHIP		PORT OF ENTRY	VISA EXPIRATION DATE																									
12 HAVE YOU LIVED IN CALIFORNIA FOR MORE THAN TWO YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO		13 DATE CURRENT STAY IN CALIFORNIA BEGAN																										
COMPLETE THE FOLLOWING SECTION IF YOU HAVE NOT LIVED IN CALIFORNIA FOR MORE THAN TWO YEARS																												
14 DO YOU INTEND FOR CA. TO BE YOUR PERM. RESIDENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO		15 DID YOU FILE CA. INCOME TAX LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO	16 HAVE YOU PETITIONED FOR DIVORCE IN ANOTHER STATE IN THE LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO																									
17 HAVE YOU ATTENDED AN OUT-OF-STATE COLLEGE OR UNIVERSITY IN THE LAST YEAR AS A RESIDENT OF THAT STATE? <input type="checkbox"/> YES <input type="checkbox"/> NO																												
18 DRIVER'S LICENSE OR I.D. STATE	DATE ISSUED	VEHICLE REGIST. STATE	DATE ISSUED	VOTER REGIST. STATE	DATE ISSUED																							
19 LIST STATES YOU HAVE LIVED IN THE PAST TWO YEARS		FROM	TO	FROM	TO																							
EDUCATION																												
20 HIGHEST EDUCATIONAL LEVEL COMPLETED (INDICATE NUMBER IN BOX)		YEAR AWARDED	<table style="width: 100%; font-size: small;"> <tr> <td><input type="checkbox"/> 1. Not a graduate of High School</td> <td><input type="checkbox"/> 4. Cert. of High School Proficiency</td> <td><input type="checkbox"/> 7. Received Baccalaureate Degree</td> </tr> <tr> <td><input type="checkbox"/> 2. Received High School Diploma</td> <td><input type="checkbox"/> 5. Foreign High School Graduate</td> <td><input type="checkbox"/> 8. Higher Degree</td> </tr> <tr> <td><input type="checkbox"/> 3. GED or Cert. of Equivalency</td> <td><input type="checkbox"/> 6. Received Associate Degree</td> <td></td> </tr> </table>			<input type="checkbox"/> 1. Not a graduate of High School	<input type="checkbox"/> 4. Cert. of High School Proficiency	<input type="checkbox"/> 7. Received Baccalaureate Degree	<input type="checkbox"/> 2. Received High School Diploma	<input type="checkbox"/> 5. Foreign High School Graduate	<input type="checkbox"/> 8. Higher Degree	<input type="checkbox"/> 3. GED or Cert. of Equivalency	<input type="checkbox"/> 6. Received Associate Degree															
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22 LAST HIGH SCHOOL ATTENDED		22 CITY, COUNTY AND/OR STATE		22 YEAR																								
23 LAST COLLEGE ATTENDED		23 CITY, COUNTY AND/OR STATE		23 YEAR																								
24 WHAT IS YOUR COLLEGE MAJOR?																												
25 HOW MANY HOURS DO YOU PLAN TO WORK PER WEEK?		26 ARE YOU A VETERAN OF THE U.S. ARMED FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO																										
27 CAN WE RELEASE PERSONAL INFORMATION WITHOUT YOUR CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO																												

TO BE SIGNED BY ALL APPLICANTS

I declare under penalty of perjury that the statements and information submitted in this admissions application are true and correct. I understand that all materials submitted by me for purposes of admission become the property of the South Bay Regional Public Safety Training Consortium. I also understand that falsification, withholding pertinent data or failure to report changes in residency or education status may result in my dismissal. Finally, in registering for future terms, I agree to provide true and correct information about any change in my educational status.

STUDENT SIGNATURE	DATE
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