

LANE COUNTY SHERIFF'S OFFICE

Volunteer Application



The Lane County Sheriff's Office is committed to Equal Employment Opportunity, Diversity and compliance with the Americans Disabilities Act. Our commitment includes providing a respectful working environment that is free from discrimination and harassment in the workplace. The commitment is made by the Lane County Sheriff's Office in accordance with applicable Federal, State and Local laws and regulations.

PLEASE PRINT CLEARLY to prevent a delay in processing your application

Last	First	Middle	Posse/Auxiliary Volunteer Position
Address			City
Zip			
Home Phone	Alt. Phone	Email	
Driver's License #	State	Exp.	Class

The following information is required to perform a criminal background check:

Birth Date	Birth State	Social Sec #	Height	Weight	Eye Color	Hair Color
Have you ever been arrested or convicted of any crime or received a major traffic citation: <input type="checkbox"/> No <input type="checkbox"/> Yes						
If yes, list charges/locations						
Have you ever applied for employment with any other criminal justice system agency and/or gone through a background process? <input type="checkbox"/> No <input type="checkbox"/> Yes						
If the answer is yes, attach a page and list the following information: *Provide names of all agencies, date(s) of application(s) and your current application status with each agency. *If you are no longer being considered by any of the agencies listed, provide the reason why.						
Since the age of 18, I have lived, worked, been stationed or gone to school in the following states:						
Occupation	Employer	Employer Address			Employer Phone	
Emergency Contact	Relationship		Day Phone		Cell Phone	
Emergency Address			City, State			Zip
Reference (name)		Relationship			Occupation	
Address		City, State		Zip	Phone	
Reference (name)		Relationship			Occupation	
Address		City, State		Zip	Phone	
Reference (name)		Relationship			Occupation	
Address		City, State		Zip	Phone	

Your availability for volunteer days and hours:

How long do you intend to volunteer:

Available nights and weekends:

Hours per week

Please list the days and hours you are available to work:

Monday	Tuesday	Wed	Thurs	Friday	Sat	Sunday
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If you have any additional comments or qualifications not previously listed, please describe below:

MEDICAL INFORMATION

Indicate below if there are any physical or mental condition(s) that might be affected or would cause problems while working under adverse surroundings/conditions (e.g. extreme weather conditions, rugged terrain, etc.) Such conditions would not automatically exclude the applicant, but the leaders need to know the conditiona so they can plan for contingencies should something occur.

List any medical conditions; drug or food allergies, medication for such allergies, bee sting allergy; blood type if rare or difficult to explain:

MEDICAL TREATMENT PERMISSION:

I give my permission to be, or to have applicant, treated by any qualified medical physician or facility in the event of an emergency. I am aware of both, my or son/daughter's affiliation with the Lane County Sheriff's Office and that there will be times when I/they may encounter some or many of the conditions listed.

I have read this application and understand the conditions included in it that pertains to the applicant's involvement in the organization and I give my consent for participation. I further give authorization for myself or the applicant to be fingerprinted and authorize release of information for use by Lane County.

Signature (Parent or Guardian signature if applicant is under 18 years of age)

Date

I hereby certify that the information provided in my application is freely given, true, and complete. I understand that any false statements, answers, or any misleading information may be sufficient ground for immediate disqualification or dismissal at any time. I also understand that the Lane County Sheriff's Office will conduct a criminal background investigation and check my driving record. I authorize my employer, references and anyone contacted by the Lane County Sheriff's Office herein to release pertinent information about me in reference to the job that I will be performing including the way that I interact with others. I hereby release the Lane County Sheriff's Office from any liability or damage, which may result from obtaining the information requested. The Lane County Sheriff's Office may make copies of my signed authorization available to those contacted upon request.

Signature: _____

Date: _____