

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

| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|--------|--------|---------|-----------|----------|--------|----------|
| | | | | | | |

CORRECTIONS VOLUNTEER

Route to: Special Services Officer at LCAC

Please circle areas of volunteer or student intern interest:

| | | | |
|------------------|-----------|------------------|-------------------|
| AA/NA | ART | CLERICAL/RECORDS | COMMUNITY SERVICE |
| LIBRARY | RELIGIOUS | STUDENT INTERN | |
| Other (explain): | | | |

VOLUNTEER PROGRAMS

Route to: _____

Please circle areas of volunteer or student intern interest:

| | | | |
|---|---------------|------------------|-------------------|
| Data Entry | Filing | Reception | Typing wpm: _____ |
| Crime Prevention Team | Student Co-op | | |
| PC – list programs used: | | Other (explain): | |
| Please define your personal job skills: | | | |
| | | | |

SEARCH AND RESCUE (SAR) VOLUNTEER

Route to: Search and Rescue Coordinator

Please circle areas of interest (Note: You may apply to additional groups after 12 months of active membership):

| | | | |
|------------------------------|------------------------------|-------------------------------|-----------------------------|
| Special 4 x 4 Vehicles Group | Eugene Mountain Rescue | Explorer Post #178 | Mounted Posse |
| Amateur Radio Operator | Water Search and Rescue Unit | Search and Rescue K-9 Program | Adult Ground Search Program |
| Other (explain): | | | |

List outdoor experience or equipment owned:

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|--|
| |
| |
| |

List any certificates, licenses and/or qualifications held that may be beneficial to this program:

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| |
| |

If you have any additional comments or qualifications not previously listed, please describe below:

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|--|
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| |
| |

MEDICAL TREATMENT PERMISSION:

I give my permission to be treated by any qualified medical physician or facility in the event of an emergency.

I am aware of my affiliation with the Lane County Sheriff's Office and that there will be times when I may encounter some or many variable conditions (e.g. extreme weather conditions, rugged terrain, etc).

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

Signature of Applicant

Date

I give my permission to have applicant treated by any qualified medical physician or facility in the event of an emergency.

I am aware of my son/daughter's affiliation with the Lane County Sheriff's Office and that there will be times when they may encounter some or many variable conditions (e.g. extreme weather conditions, rugged terrain, etc.).

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 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: _____

Return application to:
Lane County Sheriff's Office
Attention: _____
125 E. 8th Ave.
Eugene, OR 97401

Return application to:
Lane County Sheriff's Office
Corrections/Jail Division
Attention: Special Services Deputy
101 E. 5th Ave.
Eugene, OR 97401