



**LANE COUNTY SHERIFF'S OFFICE  
VOLUNTEER APPLICATION  
125 E. 8<sup>th</sup> Ave.  
Eugene, OR 97401**

**The Lane County Sheriff's Office is committed to Equal Employment Opportunity, Diversity and compliance with the Americans with 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 Name		First Name		Middle Name		Volunteer Position applying for:		
Address				City		State	Zip	How long at this address?
Home Phone	Alternate Phone	Email Address		Driver's License Number	License State	Expiration Date	Class of License	

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

Date of Birth	State of Birth	Social Security Number	Height	Weight	Eye Color	Hair Color
Have you ever been arrested, convicted of any crime or received a major traffic citation? ____ YES ____ NO		If yes, list charges and locations (use separate sheet if more space is needed):				
Since the age of 18, I have lived, worked, been stationed or gone to school in the following states:						
Occupation	Current Employer		Employer Address		Employer Phone	
Emergency Contact		Relationship		Day Phone	Evening Phone	
Emergency Contact Address			City		State	Postal
Reference Name (not related)		How are you related?		Occupation		Phone
Address			City		State	Postal
Reference Name (not related)		How do you know this person?		Occupation		Phone
Address			City		State	Postal
Reference Name (professional)		How do you know this person?		Occupation		Phone
Address		City		State		Postal

**Your availability for volunteer days and hours:**

How long do you intend to work here (circle one)?			List the maximum hours per week you are willing to volunteer:	Are you available to work nights/weekends?	
3-6 months	6-9 months	9-12 months		____ Yes ____ No	
indefinite					

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:


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


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


**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. 8<sup>th</sup> Ave.  
Eugene, OR 97401

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