

CROOK COUNTY SHERIFF'S OFFICE
(541) 447-6398* 308 NE 2ND STREET*PRINEVILLE, OR 97754
VOLUNTEER APPLICATION

PLEASE MARK AREA(S) OF INTEREST
SEARCH AND RESCUE _____
MOUNTED SAR/POSSE _____ **RACES** _____
CITIZENS ACADEMY _____
CROOK COUNTY COMMUNITY VOLUNTEER CORPS _____

DATE: _____ NAME: _____ DOB _____
ADDRESS _____ CITY _____ STATE _____
MAILING ADDRESS _____
SSN ___ - ___ - ___ DRIVER'S LICENSE# _____ STATE _____
HEIGHT _____ WEIGHT _____ HAIR COLOR _____ EYE COLOR _____

HOME PHONE _____ WORK PHONE _____ CELL PHONE _____
PAGER _____ E-MAIL ADDRESS _____

HOW LONG A RESIDENT OF CROOK COUNTY? _____
EMPLOYER _____ ADDRESS _____
POSITION _____
COULD YOU BE CALLED AWAY IN AN EMERGENCY? _____

SPECIAL SKILLS OR EXPERIENCE?

LEVEL OF EDUCATION _____ DEGREE _____
LEVEL OF PHYSICAL FITNESS _____

HAVE YOU EVER BEEN ARRESTED? _____ CHARGE, DATE AND
DISPOSITION _____
TRAFFIC CITATIONS? _____ CHARGE, DATE AND DISPOSITION? _____

APPLICATION CONTINUED...

PERSONAL REFERENCES

1. NAME AND PHONE _____
2. NAME AND PHONE _____

BUSINESS REFERENCE

1. NAME AND PHONE _____

I certify that all of my answers and statements on this application are true to the best of my knowledge. I understand that a criminal and traffic history inquiry will occur and that should an investigation disclose untruthful or misleading answers, my application may be rejected or membership as a Crook County Volunteer terminated.

I also understand that Crook County Sheriff Search and Rescue, Mounted Search and Rescue/Posse, ARES, Crook County Community Volunteer Corps, and Citizens Academy are volunteer organizations and that all activities are at my own risk with respect to lost income from employment and I must be covered under my own health or accident insurance.

I also understand that my personal equipment used on missions and trainings are used at my own risk.

Signature _____ Date _____