

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):			

EMERGENCY MANAGEMENT

Route to: Emergency Services Supervisor

Please circle areas of interest:

Lane County Sheriff's Amateur Radio Operator	Other (explain):
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POLICE SERVICES VOLUNTEER

Route to: PS Administrative Assistant

Please circle areas of interest:

Neighborhood Watch	Explorer Post 334	Other (explain):
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VOLUNTEER PROGRAMS

Route to: _____

Please circle areas of volunteer or student intern interest:

Computer Entry	Filing	Reception	Typing wpm: _____
Copier	Multiple phone lines	Marketing	Newsletter
Resources/Fundraising			
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:

4-Wheel Drive Club	Eugene Mountain Rescue	Explorer Post #178	Mounted Posse
Man Trackers	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 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 conditions so they can plan for contingencies should something occur.

No medical condition

Medical condition: 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: _____