



Benton County Sheriff's Office
VOLUNTEER APPLICATION

INSTRUCTIONS: Thank you for your interest in volunteering with the Benton County Sheriff's Office! Please complete this application thoroughly so we can match up your interests and skills with activities and needs within our agency. If you have questions about volunteering with the Benton County Sheriff's Office (BCSO), contact the Training & Recruiting Sergeant at 541-766-6853. Please type or print.

LAST NAME:		FIRST NAME:	MIDDLE NAME:
PREFERRED NAME IF DIFFERENT THAN ABOVE:			
STREET ADDRESS:			
CITY:		STATE:	ZIP:
MAILING ADDRESS IF DIFFERENT THAN ABOVE:			
HOME PHONE:	WORK PHONE:	CELL PHONE:	
EMAIL ADDRESS:			

IN WHAT AREA ARE YOU INTERESTED IN VOLUNTEERING?

<input type="checkbox"/> PATROL RESERVES	<input type="checkbox"/> PAROLE & PROBATION
<input type="checkbox"/> EMERGENCY MANAGEMENT/SEARCH & RESCUE: <input type="checkbox"/> ARES (Amateur Radio Emergency Service) <input type="checkbox"/> CERT (Community Emergency Response Team) <input type="checkbox"/> CMRU (Corvallis Mountain Rescue Unit) <input type="checkbox"/> MPSAR (Marys Peak Search and Rescue) <input type="checkbox"/> POSSE (Sheriff's Mounted Posse) <input type="checkbox"/> R3K9 (Region 3 Canine Search and Rescue) <input type="checkbox"/> SKYSAR (Air Search and Rescue) <input type="checkbox"/> OTHER _____	<input type="checkbox"/> JAIL: <input type="checkbox"/> INMATE PROGRAMS (NA, AA, Religious, Educational) <input type="checkbox"/> OFFICE ASSISTANCE <input type="checkbox"/> OTHER _____
<input type="checkbox"/> AUXILIARY UNIT	<input type="checkbox"/> COLLEGE INTERNSHIP (specify interest area): <input type="checkbox"/> EMERGENCY SERVICES <input type="checkbox"/> JAIL <input type="checkbox"/> PAROLE & PROBATION <input type="checkbox"/> PATROL
<input type="checkbox"/> ANYWHERE I'M NEEDED	
WRITE A BRIEF STATEMENT ABOUT YOUR INTEREST IN VOLUNTEERING AND YOUR REASON FOR OFFERING YOUR SERVICES:	

TELL US ABOUT YOURSELF:

DO YOU HAVE PRIOR EXPERIENCE IN LAW ENFORCEMENT, CORRECTIONS OR OTHER RELATED FIELD? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN...
DO YOU HAVE ANY SPECIAL SKILLS OR TRAINING THAT MAY ASSIST YOU AS A VOLUNTEER AT BCSO?

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EMPLOYMENT:

I AM CURRENTLY: <input type="checkbox"/> EMPLOYED <input type="checkbox"/> RETIRED <input type="checkbox"/> UNEMPLOYED <input type="checkbox"/> STUDENT <input type="checkbox"/> HOMEMAKER	
PRESENT OR MOST RECENT EMPLOYER:	ADDRESS:
MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
YOUR POSITION:	SUPERVISOR:
POSITION IS / WAS: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> PERMANENT <input type="checkbox"/> TEMPORARY	PHONE: DATES EMPLOYED:
BRIEFLY DESCRIBE YOUR DUTIES:	

EDUCATION:

DO YOU HAVE A HIGH SCHOOL DIPLOMA OR EQUIVALENT (GED)? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DO YOU HAVE A COLLEGE DEGREE(S)? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHAT WAS YOUR FIELD OF STUDY? MAJOR: _____ MINOR: _____ DEGREE(S): <input type="checkbox"/> AA <input type="checkbox"/> BA/BS <input type="checkbox"/> MA/MS <input type="checkbox"/> OTHER	ARE YOU CURRENTLY ENROLLED IN COLLEGE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, INSTITUTION: _____ YEAR OF STUDY: _____ MAJOR: _____
ADDITIONAL COMMENTS ABOUT YOUR EDUCATION OR TRAINING:	

OTHER:

IN ORDER TO MATCH YOU WITH THE MOST APPROPRIATE VOLUNTEER DUTY, PLEASE NOTE ANY PHYSICAL LIMITATIONS YOU HAVE THAT WE SHOULD BE AWARE OF...
ARE YOU A U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, PLEASE EXPLAIN
HAVE YOU EVER BEEN ARRESTED AS A JUVENILE OR AN ADULT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN. INCLUDE WHAT THE CHARGE WAS, DATE, ARRESTING AGENCY AND DISPOSITION:
HAVE YOU EVER APPLIED TO THE BENTON COUNTY SHERIFF'S OFFICE BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WAS THIS FOR A VOLUNTEER OR EMPLOYMENT POSITION? <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> EMPLOYMENT POSITION: _____ DATE APPLIED: _____

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CHARACTER REFERENCES: Please provide the name, address and phone number(s) of three LOCAL references (excluding relatives) indicating their relationship to you.

NAME:	RELATIONSHIP:
STREET ADDRESS:	PHONE(S):
CITY/STATE/ZIP:	

NAME:	RELATIONSHIP:
STREET ADDRESS:	PHONE(S):
CITY/STATE:	

NAME:	RELATIONSHIP:
STREET ADDRESS:	PHONE(S):
CITY/STATE:	

EMERGENCY CONTACT: Provide the name, address and phone number of the person you want contacted in case of an emergency.

NAME:	RELATIONSHIP:
ADDRESS:	PHONE(S):

PRACTICUM/INTERN STUDENTS ONLY:

SPONSORING SCHOOL:	DEPARTMENT:
PROFESSOR:	LEVEL/YEAR:
CREDIT HOURS TO BE RECEIVED:	ACTUAL HOURS TO WORK PER WEEK:

I hereby certify that there are no misrepresentations or falsifications in the above statements and that the information provided is true to the best of my knowledge. I authorize and release Benton County to make any necessary and appropriate inquiry or investigation to verify information contained in this application, including computerized criminal history, warrant and driving record inquiries.

Signature: _____ Date: _____

Complete the Criminal History Check Authorization on the next page and return entire completed application to:

**Training & Recruiting Sergeant
Benton County Sheriff's Office
180 NW 5th Street
Corvallis, OR 97330**

CRIMINAL HISTORY CHECK AUTHORIZATION

I, _____ (*print name*) hereby authorize the Benton County Sheriff's Office to conduct a criminal history and DMV background check. I understand that this criminal history check is being conducted as part of my request to volunteer with the Benton County Sheriff's Office.

I understand that all available police and criminal records (CCH, DMV, etc.) will be checked and that the information will be used in determining my eligibility to volunteer with this agency. All information will remain confidential as required by Oregon and Federal Statutes.

Signature *Date*

PRINT FULL LEGAL NAME: _____

OTHER NAMES USED: _____

ADDRESS: _____

DATE OF BIRTH: _____

CURRENT DRIVER'S LICENSE (STATE AND NUMBER): _____

AUTO INSURANCE: _____
INSURANCE AGENT POLICY NUMBER

LIST ALL OTHER STATES WHERE YOU HAVE RESIDED AND/OR WORKED:

FOR OFFICIAL USE ONLY

NOTE: REDACT DOB AND ODL AFTER PROCESSING.