

Your availability for volunteer days and hours:

How long do you intend to volunteer:

Available nights and weekends:

Hours per week

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

Monday	Tuesday	Wed	Thurs	Friday	Sat	Sunday
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CORRECTIONS VOLUNTEER

Route to: Special Services Deputy at LCAC

Please check the areas of volunteer or student interest

AA/NA ART Clerical / Records Community Service Library Religious Student Intern

Other (explain)

VOLUNTEER PROGRAMS

Route to: Volunteer Coordinator

Please check the areas of volunteer or student intern interest

Data Entry Filing Reception Crime Prevention Team Student Co-op Typing wpm:

Computer Knowledge: Word Excel Access Adobe LEDS

Other (explain)

Please define your personal job skills:

SEARCH AND RESCUE (SAR) VOLUNTEERS

Route to: Search and Rescue Coordinator

Please check one area of interest (Note: You may apply to additional groups after 12 months of active membership):

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

Other (explain)

List outdoor experience and equipment owned:

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

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

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 pertains to my involvement in the organization and I give my consent for participation. I further give authorization to be fingerprinted and authorize release of information for use by Lane County.

Signature of Applicant

Date

I give my permission to have the minor 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 of Parent or Guardian 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 hose 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**