

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

(please check one or more)

- Search and Rescue**  
 **Mounted Posse**  
 **Auxiliary Communications**

DATE: \_\_\_\_\_ NAME: \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_  
SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DRIVER'S LICENSE# \_\_\_\_\_ STATE \_\_\_\_\_  
HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ HAIR COLOR \_\_\_\_\_ EYE COLOR \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_  
CELL PHONE \_\_\_\_\_ CELL PHONE CARRIER \_\_\_\_\_  
E-MAIL ADDRESS(required for SAR business) \_\_\_\_\_

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

SPECIAL SKILLS OR EXPERIENCE?  
\_\_\_\_\_  
\_\_\_\_\_

DO YOU HAVE A CURRENT CPR/1<sup>ST</sup> AID CARD? \_\_\_\_\_ IF SO WHEN  
DOES IT EXPIRE? \_\_\_\_\_ DO YOU SPEAK ANY OTHER  
LANGUAGES? \_\_\_\_\_ IF SO WHAT LANGUAGE? \_\_\_\_\_

LEVEL OF EDUCATION \_\_\_\_\_ DEGREE \_\_\_\_\_  
LEVEL OF PHYSICAL FITNESS \_\_\_\_\_  
DO YOU HAVE ANY PHYSICAL LIMITATION THAT WOULD PREVENT YOU  
FROM FULFILLING THE ROLE OF A SAR VOLUTEER? \_\_\_\_\_  
\_\_\_\_\_

HAVE YOU EVER APPLIED TO OR BEEN DENIED MEMBERSHIP INTO  
ANOTHER SEARCH AND RESCUE ORGANIZATION? \_\_\_\_\_ IF SO  
PLEASE EXPLAIN \_\_\_\_\_  
\_\_\_\_\_

ARE YOU A MEMBER OF ANY OTHER SEARCH AND RESCUE  
ORGANIZATION? \_\_\_\_\_

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 should I be offered a position: a criminal and traffic history inquiry will occur and that should an investigation disclose untruthful or misleading answers, my application may be rejected or my membership as a Crook County Volunteer may be terminated.

The Crook County Sheriff Search and Rescue, Crook County Sheriff's Mounted Posse, and Auxiliary Communications are volunteer organizations and that all activities are at my own risk with respect to lost income from employment. Personal Health or Accident Insurance is highly recommended and is required for Mounted Posse.

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

Signature\_\_\_\_\_Date\_\_\_\_\_