



SHERIFF

C R O O K C O U N T Y

"PEOPLE SERVING PEOPLE"

308 NE 2ND STREET, PRINEVILLE, OR 97754

(541) 447-6398

VOLUNTEER APPLICATION

 Search and Rescue

 Auxillary Communications

 Mounted Posse

DATE:	POSITION APPLIED FOR:	
NAME:	OTHER NAMES USED:	
ADDRESS:	CITY:	STATE:
MAILING ADDRESS:	CITY:	STATE:
SSN:	DL#:	STATE:

HOME PHONE:	WORK PHONE:
CELL PHONE:	EMAIL:

RESIDENT OF CROOK COUNTY:	HOW LONG:
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EMPLOYER:	POSITION:	
ADDRESS:	CITY:	STATE:
ARE YOU AVAILABLE TO BE CALLED AWAY IN AN EMERGENCY:		

SPECIAL SKILLS OR EXPERIENCE:

CURRENT CPR/1ST AID CARD:	EXPIRES:
LANGUAGES SPOKEN:	
LEVEL OF EDUCATION:	DEGREE:

PHYSICAL LIMITATIONS/ACCOMODATIONS NEEDED:
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HAVE YOU EVER APPLIED TO A SAR ORGANIZATION:
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IF SO, HAVE YOU EVER BEEN DENIED/TERMINATED:
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PLEASE EXPLAIN:

ARE YOU CURRENTLY A MEMBER OF ANY OTHER SAR ORGANIZATION:

HAVE YOU EVER BEEN ARRESTED:

PLEASE EXPLAIN:

CHARGE/DATE/DISPOSITION:

HAVE YOU EVER HAD YOUR LICENSE SUSPENDED:
PLEASE EXPLAIN:
CHARGE/DATE/DISPOSTION:
ANY OTHER TRAFFIC CITATIONS:

Mounted Posse Only

Horse Name:	
Qualification date:	

PERSONAL REFERENCES: (MUST LIST 3)

NAME:	PHONE:
NAME:	PHONE:
NAME:	PHONE:

BUSINESS/EMPLOYER REFERENCE:	
NAME:	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, MOUNTED SEARCH AND RESCUE, ARES, RACES, 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.

MY PERSONAL EQUIPMENT USED ON MISSIONS AND TRAININGS ARE USED AT MY OWN RISK.

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Applicant Signature

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Date