

CROOK COUNTY SHERIFF'S OFFICE
(541) 447-6398* 308 NE 2ND 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/1ST 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 _____