

Marion County Sheriff's Office

Date:

Volunteer Application

It is the standard procedure of MCSO to confirm your responses to the questions below. Any checks we make into your background will be confidential and in a manner designed not to cause embarrassment. Please feel free to discuss this with your Volunteer Coordinator before you complete this form.

Name:

Last:

First:

Middle:

Other Names Used:

(Maiden Name, Prior Marriages, Aliases)

Address

ID/Driver's License Number:

City

State

Zip Code

ID/Driver's License State

Email address

Social Security Number:

Date of Birth:

Home Phone:

Work Phone:

Cell Phone:

Emergency Contact:

Name:

Relationship:

Phone:

Why do you want to volunteer with the Marion County Sheriff's Office?

Is there anything we should know about you that would interfere with or limit your ability to perform the duties of a volunteer with MCSO?

What hours would you be available to volunteer? Check all that apply:

Days:

Mon

Tue

Wed

Thu

Fri

Sat

Sun

Hours:

Morning

Afternoon

Evening

Please mark the volunteer positions that interest you:

- Clerical: *Filing of reports, office duties.*
- Receptionist: *Answering phones at substations, taking reports and office duties.*
- Community Relations: *Attend events held in the community and pass out information, surveys.*
- Radar Boards, Traffic Control: *Working with the Enforcement Division (patrol).*
- Data and Computer Duties: *Assist the different departments with the input of information.*
- Search and Rescue: *Provide your time to assist with the Search and Rescue team.*
- Marine Patrol: *Completing boat safety inspections.*
- Parole & Probation: *Practicum/Volunteer with the Parole & Probation Division.*

Educational Background:

High School:	<input type="text"/>	Date Completed:	<input type="text"/>
	Name and Location		
College:	<input type="text"/>	Date Completed:	<input type="text"/>
	Name and Location		

Personal References:

Name	<input type="text"/>	Name	<input type="text"/>
Address	<input type="text"/>	Address	<input type="text"/>
City	<input type="text"/>	State	<input type="text"/>
Zip Code	<input type="text"/>	Phone:	<input type="text"/>

Employment History:

Current Employer:	<input type="text"/>						
Address	<input type="text"/>	City	<input type="text"/>	State	<input type="text"/>	Zip Code	<input type="text"/>
Phone:	<input type="text"/>	Position Title:	<input type="text"/>				

Previous Employer:	<input type="text"/>						
Address	<input type="text"/>	City	<input type="text"/>	State	<input type="text"/>	Zip Code	<input type="text"/>
Phone:	<input type="text"/>	Position Title:	<input type="text"/>				
Reason for Leaving:	<input type="text"/>						

Volunteer Experience:

Agency:	<input type="text"/>						
Address	<input type="text"/>	City	<input type="text"/>	State	<input type="text"/>	Zip Code	<input type="text"/>
Phone:	<input type="text"/>	Duties:	<input type="text"/>				

Have you ever been convicted of a criminal offense? If yes, please list date, location and disposition:

Release of Information

I have completed the above questions and to the best of my knowledge, what has been stated is true.

_____ Signature	_____ Date:
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I am aware that a criminal history investigation is completed on all volunteers and you have my consent.

_____ Signature	_____ Date:
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Please print and return completed application to:

<u>Mail:</u> Marion County Sheriff's Office ATTN: Volunteer Coordinator PO Box 14500 Salem OR 97309	<u>Drop off Location:</u> Marion County Courthouse 100 High Street NE Salem OR 97309 Basement
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