

Baker County Sheriff's Search & Rescue Unit

3410 K Street
Baker City, OR 97814

(541) 523-6415
Fax (541) 523-9219



Travis Ash, Sheriff

VOLUNTEER APPLICATION

DIRECTIONS: Supply an answer to every question. If a question is not applicable to you, write N/A. If additional space is needed, use the back of the page. Because this application is going to be used for investigation purposes, DO NOT mis-state or omit material facts as the statements made herein are subject to verification to determine your qualification. Applications, which are illegible or incomplete will not be considered.

NAME: _____ DATE OF BIRTH: _____

Present address: _____

Previous address: _____

Phone No: _____ Social Security number: _____

E-Mail address: _____ Are you a U.S. Citizen? _____

PHYSICAL DESCRIPTION: Eye Color: _____ Hair Color: _____ Height: _____ Weight: _____

Physical Health: Excellent Fair Good Poor

Allergies: _____

Are you taking any medication: Yes No If YES, explain: _____

Any limitation(s) to consider:

CPR Certified? Yes No

First Aid Certified? Yes No

Driver's License number: _____ State: _____ Have you ever been denied a driver's license or had your license suspended or revoked: _____ If YES, explain:

Have you ever served in the U.S. Armed Forces? _____ Branch: _____

Dates of duty: _____ To: _____ Type of discharge: _____

Are you presently a member of the U.S. Military Reserve or National Guard? _____

Highest rank received: _____ Rank at discharge: _____

Job in military: _____

Have you ever been affiliated with an organization dedicated to the overthrow of the U.S. Government? _____

Name and location of high school: _____

Graduate: YES NO GED: _____ Date: _____

List all colleges and universities attended:

College credits: _____ Degrees: _____ Fields of study: _____

List any special training, languages, certifications, or licenses you may have that are pertinent to the position for which you are applying. Include institution names, addresses, and phone numbers: _____

Please circle the equipment that you now have and are willing to use during your participation in SAR functions:

**4WD pickup Stock racks for pickup Saddle horse or mule Horse trailer Motorcycle ATV
Snowmobile Aircraft Scuba gear Cross country skis Snowshoes Boat Other: _____**

List name, address and telephone number of three references who are not related to you and are not previous employers:

Do you use, or have you ever used, any narcotics or drugs other than those prescribed to you by a physician? _____

If YES, explain fully: _____

Have you ever been charged and/or convicted of a crime, by either a civilian authority or military authority? _____

If YES, explain fully: _____

List all hobbies, activities and interests: _____

List all organizations you consider yourself to be a member of (civic clubs, fraternal orders and etc.) and include addresses and name of persons to contact and phone numbers: _____

Have you ever been asked to leave a volunteer organization? _____ If YES, explain: _____

Current Employer: _____

Have you ever been discharged from employment or asked to resign? _____ If YES, explain fully: _____

APPLICANT'S CERTIFICATION AND RELEASE

I hereby certify that all statements made in this application or appended to it are true and correct to the best of my knowledge. I am aware that withholding pertinent information or information found to be materially (grossly) inaccurate will be cause for refusing further consideration of my application, or will constitute grounds for my termination if I am accepted. I understand this is not to be considered as an indication of probable obligation upon the department to make an appointment, but a part of the selection process only. I understand that failure on my part to notify the Sheriff's Office of a change of address within thirty (30) days may subject my file to being closed.

Authority to Release Credit, Character, School Records, Personal History and Medical Information.

Having made application with the Baker County Sheriff's Office Search and Rescue, I hereby authorize a complete investigation of my record including personal history, school and academic records, military records, job performance, driving record and criminal arrest and conviction by the Baker County Sheriff's Office or another police agency authorized to conduct their applicant investigation, to ascertain any and all information which may concern my credit and character, whether same is of record or not; and release your organization and all persons whomsoever from any charge because of furnishing said information. I hereby acknowledge that I am aware the results of this investigation are confidential for Baker County Sheriff's Office use only and will not be disclosed to myself or any other person without proper authorization.

NAME (Print)

Signature

Date

All inquiries should be directed to:

Baker County Sheriff's Search & Rescue
3410 K Street
Baker City, OR 97814
541-523-6415