

**BENTON COUNTY SHERIFF'S OFFICE**  
**Diana Simpson, Sheriff**  
**180 NW 5<sup>th</sup> Street, Corvallis, OR 97330**  
**541-766-6858**



## Benton County Sheriff's Office **VOLUNTEER APPLICATION**

**INSTRUCTIONS:** *Thank you for your interest in volunteering with the Benton County Sheriff's Office! Please complete this application thoroughly so we can match up your interests and skills with activities and needs within our agency. If you have questions about volunteering with the Benton County Sheriff's Office (BCSO), contact the Training & Recruiting Sergeant at 541-766-6853. Please type or print.*

|  |             |              |
|--|-------------|--------------|
| LAST NAME:                               | FIRST NAME: | MIDDLE NAME: |
| PREFERRED NAME IF DIFFERENT THAN ABOVE:  |             |              |
| STREET ADDRESS:                          |             |              |
| CITY:                                    | STATE:      | ZIP:         |
| MAILING ADDRESS IF DIFFERENT THAN ABOVE: |             |              |
| HOME PHONE:                              | WORK PHONE: | CELL PHONE:  |
| EMAIL ADDRESS:                           |             |              |

**IN WHAT AREA ARE YOU INTERESTED IN VOLUNTEERING?**

|   |   |
|---|---|
| <input type="checkbox"/> EMERGENCY MANAGEMENT/SEARCH & RESCUE:<br><input type="checkbox"/> AMATEUR RADIO EMERGENCY SERVICES (ARES)<br><input type="checkbox"/> CORVALLIS MOUNTAIN RESCUE<br><input type="checkbox"/> CRISIS RESPONSE TEAM<br><input type="checkbox"/> MARYS PEAK SEARCH AND RESCUE<br><input type="checkbox"/> POSSE<br><input type="checkbox"/> TRACKERS<br><input type="checkbox"/> OTHER _____ | <input type="checkbox"/> COLLEGE INTERNSHIP:<br><input type="checkbox"/> PATROL<br><input type="checkbox"/> CORRECTIONS<br><input type="checkbox"/> EMERGENCY SERVICES<br><input type="checkbox"/> PAROLE & PROBATION |
| <input type="checkbox"/> PATROL RESERVES  | <input type="checkbox"/> AUXILIARY UNIT   |
| <input type="checkbox"/> ADMINISTRATION / SUPPORT SERVICES  | <input type="checkbox"/> ANYWHERE I'M NEEDED  |
| WRITE A BRIEF STATEMENT ABOUT YOUR INTEREST IN VOLUNTEERING AND YOUR REASON FOR OFFERING YOUR SERVICES:<br><br><div style="border: 1px solid black; height: 40px;"></div>   |   |

**TELL US ABOUT YOURSELF:**

|  |
|--|
| DO YOU HAVE PRIOR EXPERIENCE IN LAW ENFORCEMENT, CORRECTIONS OR OTHER RELATED FIELD? <input type="checkbox"/> YES <input type="checkbox"/> NO<br>IF YES, PLEASE EXPLAIN...<br><br><div style="border: 1px solid black; height: 30px;"></div> |
| DO YOU HAVE ANY SPECIAL SKILLS OR TRAINING THAT MAY ASSIST YOU AS A VOLUNTEER AT BCSO?<br><br><div style="border: 1px solid black; height: 40px;"></div>   |

**Benton County Sheriff's Office VOLUNTEER APPLICATION**

**EMPLOYMENT:**

|  |                           |
|--|---------------------------|
| I AM CURRENTLY: <input type="checkbox"/> EMPLOYED <input type="checkbox"/> RETIRED <input type="checkbox"/> UNEMPLOYED <input type="checkbox"/> STUDENT <input type="checkbox"/> HOMEMAKER |                           |
| PRESENT OR MOST RECENT EMPLOYER:   | ADDRESS:                  |
| MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO   |                           |
| YOUR POSITION:   | SUPERVISOR:               |
| POSITION IS / WAS:<br><input type="checkbox"/> FULL TIME <input type="checkbox"/> PART-TIME<br><input type="checkbox"/> PERMANENT <input type="checkbox"/> TEMPORARY                       | PHONE:<br>DATES EMPLOYED: |
| BRIEFLY DESCRIBE YOUR DUTIES:  |                           |

**EDUCATION:**

|   |  |
|---|--|
| DO YOU HAVE A HIGH SCHOOL DIPLOMA OR EQUIVALENT (GED)? <input type="checkbox"/> YES <input type="checkbox"/> NO   |  |
| DO YOU HAVE A COLLEGE DEGREE(S)? <input type="checkbox"/> YES <input type="checkbox"/> NO<br>IF YES, WHAT WAS YOUR FIELD OF STUDY?<br>MAJOR: _____ MINOR: _____<br>DEGREE(S):<br><input type="checkbox"/> AA <input type="checkbox"/> BA/BS <input type="checkbox"/> MA/MS <input type="checkbox"/> OTHER | ARE YOU CURRENTLY ENROLLED IN COLLEGE?<br><input type="checkbox"/> YES <input type="checkbox"/> NO<br>IF YES, INSTITUTION: _____<br>YEAR OF STUDY: _____<br>MAJOR: _____ |
| ADDITIONAL COMMENTS ABOUT YOUR EDUCATION OR TRAINING:   |  |

**OTHER:**

|  |
|--|
| IN ORDER TO MATCH YOU WITH THE MOST APPROPRIATE VOLUNTEER DUTY, PLEASE NOTE ANY PHYSICAL LIMITATIONS YOU HAVE THAT WE SHOULD BE AWARE OF...  |
| ARE YOU A U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO    IF NO, PLEASE EXPLAIN  |
| HAVE YOU EVER BEEN ARRESTED AS A JUVENILE OR AN ADULT? <input type="checkbox"/> YES <input type="checkbox"/> NO<br>IF YES, PLEASE EXPLAIN. INCLUDE WHAT THE CHARGE WAS, DATE, ARRESTING AGENCY AND DISPOSITION:  |
| HAVE YOU EVER APPLIED TO THE BENTON COUNTY SHERIFF'S OFFICE BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO<br>IF YES, WAS THIS FOR A VOLUNTEER OR EMPLOYMENT POSITION? <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> EMPLOYMENT<br>POSITION: _____ DATE APPLIED: _____ |

**Benton County Sheriff's Office VOLUNTEER APPLICATION**

**CHARACTER REFERENCES:** Please provide the name, address and phone number(s) of three LOCAL references (excluding relatives) indicating their relationship to you.

|                 |               |
|-----------------|---------------|
| NAME:           | RELATIONSHIP: |
| STREET ADDRESS: | PHONE(S):     |
| CITY/STATE/ZIP: |               |

|                 |               |
|-----------------|---------------|
| NAME:           | RELATIONSHIP: |
| STREET ADDRESS: | PHONE(S):     |
| CITY/STATE:     |               |

|                 |               |
|-----------------|---------------|
| NAME:           | RELATIONSHIP: |
| STREET ADDRESS: | PHONE(S):     |
| CITY/STATE:     |               |

**EMERGENCY CONTACT:** Provide the name, address and phone number of the person you want contacted in case of an emergency.

|          |               |
|----------|---------------|
| NAME:    | RELATIONSHIP: |
| ADDRESS: | PHONE(S):     |

**PRACTICUM/INTERN STUDENTS ONLY:**

|                              |                                |
|------------------------------|--------------------------------|
| SPONSORING SCHOOL:           | DEPARTMENT:                    |
| PROFESSOR:                   | LEVEL/YEAR:                    |
| CREDIT HOURS TO BE RECEIVED: | ACTUAL HOURS TO WORK PER WEEK: |

I hereby certify that there are no misrepresentations or falsifications in the above statements and that the information provided is true to the best of my knowledge. I authorize and release Benton County to make any necessary and appropriate inquiry or investigation to verify information contained in this application, including computerized criminal history, warrant and driving record inquiries.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Complete the Criminal History Check Authorization on the next page and return entire completed application to:*

**Training & Recruiting Sergeant  
Benton County Sheriff's Office  
180 NW 5<sup>th</sup> Street  
Corvallis, OR 97330**

**CRIMINAL HISTORY CHECK AUTHORIZATION**

I, \_\_\_\_\_ (*print name*) hereby authorize the Benton County Sheriff's Office to conduct a criminal history and DMV background check. I understand that this criminal history check is being conducted as part of my request to volunteer with the Benton County Sheriff's Office.

I understand that all available police and criminal records (CCH, DMV, etc.) will be checked through LEADS (Law Enforcement Data System) and that the information will be used in determining my eligibility to volunteer with this agency. All information will remain confidential as required by Oregon and Federal Statutes.

\_\_\_\_\_  
*Signature* *Date*

PRINT FULL LEGAL NAME: \_\_\_\_\_

OTHER NAMES USED: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

CURRENT DRIVER'S LICENSE (STATE AND NUMBER): \_\_\_\_\_

AUTO INSURANCE: \_\_\_\_\_  
INSURANCE AGENT POLICY NUMBER

LIST ALL OTHER STATES WHERE YOU HAVE RESIDED AND/OR WORKED:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FOR OFFICIAL USE ONLY**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE: REDACT DOB AND ODL AFTER PROCESSING.**