



Benton County Sheriff's Office

Emergency Management/Search & Rescue

180 NW 5th Street, Corvallis, OR 97330

541.766.6864 FAX 541.766.6011

State Accredited since 2009



SEARCH & RESCUE (SAR) CRIMINAL HISTORY CHECK AUTHORIZATION AND PROGRAM WAIVER

Thank you for your interest in participating in the SAR Academy and/or volunteering with one of our SAR Units. The information on this form will be used to conduct a criminal history check. Felony convictions, or other circumstances that would make participation in SAR Academy or in a SAR volunteer unit inappropriate, may be cause for denial. All information will remain confidential as required by law. The Benton County Sheriff's Office does not discriminate on the basis of race, color, national origin, gender, or any other protected class recognized by Oregon or Federal law.

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|---|----------------------|-------------|------------|
| LEGAL NAME, LAST: | | FIRST: | MIDDLE: |
| OTHER LAST NAMES USED: | | | |
| DATE OF BIRTH: | DRIVER'S LICENSE NO: | | STATE: |
| HEIGHT: | WEIGHT: | HAIR COLOR: | EYE COLOR: |
| MAILING ADDRESS: | | | |
| CITY: | | STATE: | ZIP: |
| EMAIL: | | PHONE: | |
| LIST ALL OTHER STATES WHERE YOU HAVE RESIDED AND/OR WORKED AS AN ADULT: | | | |

My signature below attests and authorizes the following:

- I hereby authorize the Benton County Sheriff's Office to conduct a criminal history and DMV background check. I understand that all available police and criminal records will be checked and that the information will be used in determining my eligibility to attend SAR Academy and/or volunteer with the Benton County Sheriff's Office.
- While I understand that the Sheriff's Office will take all prudent safety measures in conducting practical activities, I understand that SAR training and volunteer activities involve physical activity and there are always potential hazards. I therefore forever waive, release, and discharge Benton County from any and all claims, losses, or liabilities for death, personal injury, partial or permanent disability, property damage, medical or hospital bills, which may arise out of or related to my participation in training or volunteer duties.
- I agree to follow all safety instructions and procedures presented and to exercise reasonable care while participating in SAR training or missions. I understand that, should I have a medical condition which could be aggravated by participating in a particular activity, I may opt out of that activity. I am not required to disclose the nature of the medical condition.
- In the event of an accident, illness, or other incapacity, I assume responsibility for and will pay my own medical and emergency expenses regardless of whether I authorized such expense. (Injuries occurring during authorized missions may be covered by Workers' Compensation.)
- I give my full permission to the Benton County Sheriff's Office to use any photographs or videotapes of me participating in SAR activities to advertise or promote SAR and/or the Benton County Sheriff's Office.

Signature: _____ Date: _____

Print out and return this completed, signed form to:

BENTON COUNTY SHERIFF'S OFFICE, ATTN: SAR COORDINATOR, 180 NW 5th Street, Corvallis, OR 97330