



VOLUNTEER SERVICE APPLICATION

NAME: _____
LAST FIRST MIDDLE

MAILING ADDRESS: _____
STREET CITY STATE ZIP

BUSINESS PHONE _____ HOME/MSG PHONE _____

CELL PHONE/PAGER #: _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____ OREGON DRIVER'S LICENSE _____

YES NO DOB (REQUIRED FOR BACKGROUND CHECKS): _____

ARE YOU A CITIZEN OF THE UNITED STATES?

IF NOT A CITIZEN, ARE YOU AUTHORIZED TO WORK IN THE UNITED STATES?

AS AN ADULT HAVE YOU EVER BEEN CONVICTED OF AN OFFENSE OTHER THAN A MINOR TRAFFIC VIOLATION? IF YES, PLEASE EXPLAIN BELOW THE NATURE, DATE, AND LOCATION. (CONVICTIONS ARE EVALUATED FOR EACH POSITION, AND ARE NOT NECESSARILY DISQUALIFYING)

WHAT TYPE OF SERVICE ARE YOU WILLING TO PROVIDE TO THE JEFFERSON COUNTY CORRECTIONAL FACILITY? _____

REFERENCES:

NAME	NAME	NAME
ADDRESS	ADDRESS	ADDRESS
CITY STATE ZIP	CITY STATE ZIP	CITY STATE ZIP
PHONE NUMBER	PHONE NUMBER	PHONE NUMBER
OCCUPATION	OCCUPATION	OCCUPATION

WORK RELATED PERSONAL WORK RELATED PERSONAL WORK RELATED PERSONAL

EDUCATION: CIRCLE HIGHEST YEAR COMPLETED: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

DID YOU GRADUATE? YES NO IF NO, DID YOU RECEIVE A GED? YES NO

SCHOOL	MAJOR	FROM	TO	# OF CREDITS	DEGREE	MONTH/YEAR

SKILLS/ABILITIES: _____

LICENSES/CERTIFICATES: LIST ANY LICENSES OR CERTIFICATES YOU POSSESS WHICH WOULD AID YOU IN PERFORMING DUTIES(I.E. FIRST AID, CPR, ETC.)

TITLE	NUMBER	ISSUING AGENCY	DATE ISSUED	DATE EXPIRES

WORK EXPERIENCE: LIST ANY EXPERIENCE INCLUDING MILITARY, VOLUNTEER, AND INTERN EXPERIENCE, WHICH RELATES TO THE QUALIFICATIONS REQUIRED FOR YOUR DESIRED POSITION.

NAME AND ADDRESS OF EMPLOYER:		SUPERVISOR'S NAME, TITLE AND PHONE #:	
YOUR TITLE:		DUTIES AND RESPONSIBILITIES:	
FROM: MO/YR	TO: MO/YR		
MONTHLY SALARY:			
TOTAL YEARS/MOS:		VOLUNTEER	REASON FOR LEAVING:

NAME AND ADDRESS OF EMPLOYER:		SUPERVISOR'S NAME, TITLE AND PHONE #:	
YOUR TITLE:		DUTIES AND RESPONSIBILITIES:	
FROM: MO/YR	TO: MO/YR		
MONTHLY SALARY:			
TOTAL YEARS/MOS:		VOLUNTEER	REASON FOR LEAVING:

CONDITIONS OF VOLUNTEER SERVICE – JEFFERSON COUNTY SHERIFF’S OFFICE

I will conform to the rules and regulations of the Jefferson County Sheriff’s Office, and my employment may be terminated with or without cause and with or without notice at any time and at the option of either the Jefferson County Sheriff’s Office or myself. I understand that no manager or representative of the County other than the Board of Commissioners has any authority to enter into any agreement for employment for any specific period of time or to make any agreement contrary to this disclaimer.

I certify that all statements on this application are true to the best of my knowledge. I understand false or incomplete statements shall be sufficient cause for disqualification or dismissal. I authorize the Jefferson County Sheriff’s Office to make any necessary and appropriate investigation to verify the information contained herein. I expressly consent to verification of my former employers and references and will not hold the county liable for any information received.

I may be required to undergo a personal background check for certain positions. This may include, but is not limited to, obtaining records from the following sources: National Crime Information Center, Federal Bureau of Investigation, Oregon Law Enforcement Data System, Department of Motor Vehicles, and Jefferson County files. I hereby authorize the Jefferson County Sheriff’s Office to conduct a personal background check, as deemed necessary for my position.

PRINTED NAME

DATE

SIGNATURE