



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.

Community Relations:

Attend events held in the community and pass out information, surveys.

Data and Computer Duties:

Assist the different departments with the input of information.

Jail:

Volunteer programs or practicum at the jail.

Marine Patrol:

Completing boat safety inspections.

Parole & Probation:

Practicum/Volunteer with the Parole & Probation Division.

Community Advisory Committee:

Help identify community concerns related to public safety service and livability issues.

Receptionist:

Answering phones at substations, taking reports and office duties.

Search and Rescue:

Provide your time to assist with the Search and Rescue team.

Educational Background:

High School:

Name and Location

Date Completed:

College:

Name and Location

Date Completed:

Personal References:

Name

Name

Address

Address

City

State

City

State

Zip Code

Phone:

Zip Code

Phone:

Employment History:

Current Employer:

Address

City

State

Zip Code

Phone:

Position Title:

Previous Employer:

Address

City

State

Zip Code

Phone:

Position Title:

Reason for Leaving:

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:

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

Signature

Date:

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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