



# LINCOLN COUNTY SHERIFF'S OFFICE VOLUNTEER APPLICATION

## I am interested in the following areas:

- |   |  |
|---|--|
| <input type="checkbox"/> Animal Shelter             | <input type="checkbox"/> Jail              |
| <input type="checkbox"/> Volunteer                  | <input type="checkbox"/> NA                |
| <input type="checkbox"/> Foster                     | <input type="checkbox"/> AA                |
| <input type="checkbox"/> Emergency Management       | <input type="checkbox"/> Prison Fellowship |
| <input type="checkbox"/> Emergency Communications - | <input type="checkbox"/> Other             |
| Auxiliary Communications Service                    | <input type="checkbox"/> Search and Rescue |
| <input type="checkbox"/> Posse                      |  |

Full name: \_\_\_\_\_

Other Names: (Maiden, Previous Marriage, etc.) \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Employer/Occupation: \_\_\_\_\_ Work #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Cities and states you have lived in previous 10 years: \_\_\_\_\_

\_\_\_\_\_

Driver License #: \_\_\_\_\_ State: \_\_\_\_\_ Exp: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Have you ever been convicted of a crime?  No  Yes

If so, when and what was the nature of the crime(s): \_\_\_\_\_

\_\_\_\_\_

Special skills or certifications including other languages spoken: \_\_\_\_\_

\_\_\_\_\_

*Personal reference (not a relative):*

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

*Volunteer or employer reference:*

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Agreements for volunteering:**

I agree to be responsible for any and all personal medical expenses that may arise from my service as a volunteer.

**Initial:** \_\_\_\_\_

In the event that staff members are unable to timely reach my emergency contact for a medical authorization, I give consent for Sheriff's Office members to authorize medical treatment on my behalf. **Initial:** \_\_\_\_\_

I agree that as a condition of volunteering, the Lincoln County Sheriff's Office conducts a Criminal History check and a Driver's License check. Additional checks may be deemed necessary by the Lincoln County Sheriff's Office.

**Initial:** \_\_\_\_\_

I understand that Lincoln County does not provide worker's compensation coverage for volunteers. I understand the risks inherent in the nature of this volunteer work and assume those risks. As a condition of volunteering, I hereby, for myself, my heirs, my executors and administrators, remise, release and discharge Lincoln County, its officers and employees from all claims, demands, actions, or causes of action, on account of any injury to me or damage to property which may occur while involved in any activity as a volunteer for the Lincoln County Sheriff's Office. **Initial:** \_\_\_\_\_

I agree that the Lincoln County Sheriff's Office may use my name, photographs, and/or video on the radio, the internet including on the county's website and social media (including Facebook), in emails, in newsletters, and for internal training videos. (optional) **Initial:** \_\_\_\_\_

*By my signature below, I acknowledge that I have read, understand, and agree to all the terms listed previously. All of the information provided is true to the best of my knowledge. I agree to attend an orientation and read and follow any volunteer materials or instructions, whether verbally or in writing, including Lincoln County Personnel's Volunteer instructions. I understand that my volunteer status may be terminated at any time at the sole discretion of the Sheriff or his designee.*

**Applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Staff Use Only**

Date Sent: \_\_\_\_\_

Support Services Office:

Approved     Not Approved    Staff: \_\_\_\_\_ Date \_\_\_\_\_

Copy provided to Personnel