

# *Baker County Sheriff's Search & Rescue Unit*

3410 K Street  
Baker City, OR 97814

(541) 523-6415  
Fax (541) 523-9219



*Travis Ash, Sheriff*

## **VOLUNTEER APPLICATION**

**DIRECTIONS:** Supply an answer to every question. If a question is not applicable to you, write N/A. If additional space is needed, use the back of the page. Because this application is going to be used for investigation purposes, DO NOT mis-state or omit material facts as the statements made herein are subject to verification to determine your qualification. Applications, which are illegible or incomplete will not be considered.

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

Present address: \_\_\_\_\_  
\_\_\_\_\_

Previous address: \_\_\_\_\_  
\_\_\_\_\_

Phone No: \_\_\_\_\_ Social Security number: \_\_\_\_\_

E-Mail address: \_\_\_\_\_ Are you a U.S. Citizen? \_\_\_\_\_

PHYSICAL DESCRIPTION: Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Physical Health:   Excellent   Fair   Good   Poor

Allergies: \_\_\_\_\_

Are you taking any medication:   Yes   No   If YES, explain: \_\_\_\_\_

Any limitation(s) to consider:  
\_\_\_\_\_  
\_\_\_\_\_

CPR Certified?   Yes   No

First Aid Certified?   Yes   No

Driver's License number: \_\_\_\_\_ State: \_\_\_\_\_ Have you ever been denied a driver's license or had your license suspended or revoked: \_\_\_\_\_ If YES, explain:

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Have you ever served in the U.S. Armed Forces? \_\_\_\_\_ Branch: \_\_\_\_\_

Dates of duty: \_\_\_\_\_ To: \_\_\_\_\_ Type of discharge: \_\_\_\_\_

Are you presently a member of the U.S. Military Reserve or National Guard? \_\_\_\_\_

Highest rank received: \_\_\_\_\_ Rank at discharge: \_\_\_\_\_

Job in military: \_\_\_\_\_

Have you ever been affiliated with an organization dedicated to the overthrow of the U.S. Government? \_\_\_\_\_

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Name and location of high school: \_\_\_\_\_

Graduate: YES NO GED: \_\_\_\_\_ Date: \_\_\_\_\_

List all colleges and universities attended:

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College credits: \_\_\_\_\_ Degrees: \_\_\_\_\_ Fields of study: \_\_\_\_\_

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List any special training, languages, certifications, or licenses you may have that are pertinent to the position for which you are applying. Include institution names, addresses, and phone numbers: \_\_\_\_\_

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Please circle the equipment that you now have and are willing to use during your participation in SAR functions:

**4WD pickup Stock racks for pickup Saddle horse or mule Horse trailer Motorcycle ATV  
Snowmobile Aircraft Scuba gear Cross country skis Snowshoes Boat Other: \_\_\_\_\_**

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List name, address and telephone number of three references who are not related to you and are not previous employers:

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Do you use, or have you ever used, any narcotics or drugs other than those prescribed to you by a physician? \_\_\_\_\_

If YES, explain fully: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been charged and/or convicted of a crime, by either a civilian authority or military authority? \_\_\_\_\_

If YES, explain fully: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List all hobbies, activities and interests: \_\_\_\_\_

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

List all organizations you consider yourself to be a member of (civic clubs, fraternal orders and etc.) and include addresses and name of persons to contact and phone numbers: \_\_\_\_\_

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

Have you ever been asked to leave a volunteer organization? \_\_\_\_\_ If YES, explain: \_\_\_\_\_

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

Current Employer: \_\_\_\_\_

Have you ever been discharged from employment or asked to resign? \_\_\_\_\_ If YES, explain fully: \_\_\_\_\_

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

APPLICANT'S CERTIFICATION AND RELEASE

I hereby certify that all statements made in this application or appended to it are true and correct to the best of my knowledge. I am aware that withholding pertinent information or information found to be materially (grossly) inaccurate will be cause for refusing further consideration of my application, or will constitute grounds for my termination if I am accepted. I understand this is not to be considered as an indication of probable obligation upon the department to make an appointment, but a part of the selection process only. I understand that failure on my part to notify the Sheriff's Office of a change of address within thirty (30) days may subject my file to being closed.

Authority to Release Credit, Character, School Records, Personal History and Medical Information.

Having made application with the Baker County Sheriff's Office Search and Rescue, I hereby authorize a complete investigation of my record including personal history, school and academic records, military records, job performance, driving record and criminal arrest and conviction by the Baker County Sheriff's Office or another police agency authorized to conduct their applicant investigation, to ascertain any and all information which may concern my credit and character, whether same is of record or not; and release your organization and all persons whomsoever from any charge because of furnishing said information. I hereby acknowledge that I am aware the results of this investigation are confidential for Baker County Sheriff's Office use only and will not be disclosed to myself or any other person without proper authorization.

\_\_\_\_\_  
NAME (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

All inquiries should be directed to:

Baker County Sheriff's Search & Rescue  
3410 K Street  
Baker City, OR 97814