

**Tillamook County Sheriff's Office**  
**Application For Individual Volunteer Services**

It is the standard procedure of the Tillamook County Sheriff's Office to do a criminal record check on all applicants. We reserve the right to decline the services of an applicant or to terminate the services of a volunteer. Any checks we make into your background will be confidential. Please feel free to discuss this with us before you complete this form. It is our goal to give you a rewarding volunteer experience, while giving the people we serve quality service.

Please provide the following information (Print or Type) for placement as a Tillamook County Sheriff's Office Volunteer.

NAME (Last, First, Middle): \_\_\_\_\_

CONTACT NUMBERS: HOME: \_\_\_\_\_ CELLPHONE: \_\_\_\_\_

STREET & MAILING ADDRESS (City, State, Zip): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Do you have reliable transportation: (Circle One) YES NO

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

Supervisor: \_\_\_\_\_ Job Title: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Describe your duties: \_\_\_\_\_

Education: Please check all that apply: [ ] Grade School, [ ] High School, [ ] G.E.D., [ ] College

If College, Degree Received: \_\_\_\_\_

References: Please list three non-relative contacts.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Have you ever had any contact with the Police: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe Physical Limitations (if any): \_\_\_\_\_  
\_\_\_\_\_

What type of Volunteer work would you prefer to do?  
Please check all that apply:  Office Work,  Corrections/Jail Reserve,  Patrol Deputy Reserve,  
 Other: \_\_\_\_\_

What times are you available to perform volunteer work?  
Please check all that apply:  Mornings,  Afternoons,  Evenings,  Nights  
 Monday,  Tuesday,  Wednesday,  Thursday,  Friday,  Saturday,  Sunday

Please list any previous volunteer experience, if any: \_\_\_\_\_  
\_\_\_\_\_

Do you have any special training, interests or skills: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In case of Emergency, who do you want notified:  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Telephone: \_\_\_\_\_

I, \_\_\_\_\_, hereby volunteer my services to assist the Tillamook  
County Sheriff's Office in the accomplishment of its authorized services. I understand that my services  
as a volunteer will be governed by the "Agreement for Voluntary Services" which will be provided to  
me.

Signature of Volunteer: \_\_\_\_\_ Date: \_\_\_\_\_

Sheriff's Office Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Complete Application and mail to:  
Dayshift Sergeant, Tillamook County Jail, 5995 Long Prairie Rd, Tillamook, OR 97141