



Office of the Sheriff
Sheriff Dennis Dotson
251 W Olive Street
Newport, Oregon 97365
(541) 265-4277
Fax (541) 265-5045

Volunteer Application

Area(s) Of Interest (Circle one or more):

AA NA Prison Fellowship Other: _____

✓ **Name**

Last _____ First _____ Middle _____

Alias names (maiden, married, other names used)

Last _____ First _____ Middle _____

Last _____ First _____ Middle _____

Last _____ First _____ Middle _____

✓ **Address**

Residence _____

Mailing _____

Phone _____ or _____ or _____

Other states I have lived in: _____

✓ **Emergency Contact**

Name: _____ Phone _____

Address _____

✓ **Personal Information of Applicant**

Height _____ Weight _____ Hair Color _____ Eye Color _____

Social Security # _____ Driver's License # _____

Date of Birth _____ Place of Birth _____

✓ **References**

List 2 personal references (If applying for Prison Fellowship, attach letter of recommendation from your pastor)

Name _____ Phone _____

Name _____ Phone _____

✓ **Special Skills**

List any special skills, knowledge or abilities (including, but not limited to speaking foreign languages) that you can bring to the Lincoln County Jail:

✓ **Crimes**

List any crimes for which you have been arrested or convicted in the past 10 years (include juvenile arrests and adjudications). Include date, charge, Arresting Agency and disposition of offense.

By my signature below, I certify that the above information is true and correct. I certify that I have been arrest-free for at least the preceding 24 months. I certify that I have not been an inmate in a correctional facility during the past 24 months. I agree to allow a background investigation, including, but not limited to a Criminal History Check, to be conducted to determine my eligibility to volunteer with the Lincoln County Sheriff's Office. I understand that I must follow all rules and directives of staff at all times and that my volunteer status may be terminated at any time at the sole discretion of the Sheriff or his designee.

Signature _____ / _____ Date

Staff Use Only
<input type="checkbox"/> CCH (S: _____ F: _____)
<input type="checkbox"/> LTO (J: _____)
<input type="checkbox"/> RMS
Approved _____ Not Approved _____
Date _____ Staff ID _____
Vol. ID Created Date: _____