



# LINCOLN COUNTY SHERIFF'S OFFICE



## Posse Volunteer Application

Name \_\_\_\_\_ Day time phone (\_\_\_\_) \_\_\_\_\_  
First Middle Last

Mailing Address \_\_\_\_\_ Evening phone (\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Cell phone (\_\_\_\_) \_\_\_\_\_

Physical Address \_\_\_\_\_ E-mail \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Are you under 21 years of age? \_\_\_ yes \_\_\_ no

Date of birth \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_ Driver's Lic. # \_\_\_\_\_

Current employer or school \_\_\_\_\_ Phone \_\_\_\_\_

Education, work or volunteer experience \_\_\_\_\_

\_\_\_\_\_

Skills or certification \_\_\_\_\_

\_\_\_\_\_

Volunteer assignment you are requesting: \_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_ If yes, include date of conviction and arresting agency.

\_\_\_\_\_

Previous names used: \_\_\_\_\_

Previous addresses and dates within the past 7 years: \_\_\_\_\_

\_\_\_\_\_

Languages you speak: \_\_\_\_\_ or write: \_\_\_\_\_

Circle the days of the week you are available or prefer: \_\_\_\_\_ Hours: \_\_\_\_\_

<b>SUN</b>	<b>MON</b>	<b>TUES</b>	<b>WED</b>	<b>THURS</b>	<b>FRI</b>	<b>SAT</b>
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*Personal references (not a relative)*

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

City/St/Zip \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

City/St/Zip \_\_\_\_\_ Relationship \_\_\_\_\_

*Volunteer or paid work references*

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

City/St/Zip \_\_\_\_\_ Supervisor \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

City/St/Zip \_\_\_\_\_ Supervisor \_\_\_\_\_

*I give my permission for the named references to be contacted either verbally or in writing. I also understand that information obtained will be used only in conjunction with a Lincoln County volunteer position. I agree to a background investigation, including, but not limited to a criminal history check. All of the information on this application is true to the best of my knowledge.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

**Return completed application to: Lyle Mattson, Lieutenant  
107 N. Coast Hwy., Newport, OR 97365  
Phone: 541-265-6641  
e-mail: [Lyle@jcmarket.net](mailto:Lyle@jcmarket.net)**

**To be completed by staff:**  
*Referral and Placement Information*

**Volunteer referred to:**

DIVISION	VOLUNTEER POSITION	COPIES SENT	DATE

**Comments:**

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**To be completed by the volunteer at orientation before placement:**

*I have received the contents of the Lincoln County Volunteer Orientation information and agree to abide by the policies included in the orientation information while I am performing my official duties as a volunteer for Lincoln County.*

Signed \_\_\_\_\_ Print name \_\_\_\_\_ Date \_\_\_\_\_

**In case of an emergency, please contact:**

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

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Note: To activate volunteer insurance coverage a copy of this completed form and the volunteer's job description must be on file with: Lincoln County Personnel Director, 210 SW 2nd Street, Newport, OR 97365; Phone 541-265-4157, Fax 541-265-4906.

**Lincoln County Sheriff's Office Use Only**

**Sheriff's Office:** Date Rcv'd \_\_\_\_\_ By \_\_\_\_\_ Sent To \_\_\_\_\_  
Date Rcv'd \_\_\_\_\_ By \_\_\_\_\_ Date Returned to Posse \_\_\_\_\_  
To Whom \_\_\_\_\_ Returned by Mail \_\_\_ Personal Delivery \_\_\_

**Criminal History Check**

Cleared \_\_\_\_\_ Not Cleared \_\_\_\_\_ Staff Name \_\_\_\_\_ Date \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_