

# VOLUNTEER APPLICATION

The Sheriff's Office is an Equal Employment Opportunity Employer. We consider volunteers for all programs without regard to race, color, national origin, sex, age, disability, martial status, religion or any other legally protected status.

County of Lincoln

Date Submitted: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## INSTRUCTIONS

Applications must be typewritten or printed legibly. All questions must be answered. Applications which are not complete will not be considered. If space is not sufficient for complete answers or you wish to furnish additional information, attach sheets of the same size as this application, and number answers to correspond with questions

## PERSONAL HISTORY

1. Full Name:

\_\_\_\_\_

Last Name	First	Middle
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\_\_\_\_\_

Residence Address

\_\_\_\_\_

City

State

Zip Code

\_\_\_\_\_

Telephone Number (Home)

Other (cell)

E-mail Address

2. Other: List all other names you have used including circumstances and time periods you used them.  
(For example: maiden name(s), former name(s), alias(es), or nicknames(s))

Name	Circumstance	Date From	Date To

## BACKGROUND INFORMATION

1. \_\_\_\_\_  
Date of Birth                      City                      State                      Country
  2. Are you a United States Citizen?     Yes     No
  3. Marital Status:  
 Married     Divorced     Separated     Widowed     Never Married
- \_\_\_\_\_
- Telephone Number (Home)                      Other (cell)                      E-mail Address

## EDUCATION / TRAINING / EXPERIENCE

1. Indicate any foreign languages you speak, read or write: \_\_\_\_\_  
\_\_\_\_\_
2. Indicate any special training, skills, hobbies or talents that may be useful for the position you are applying for: \_\_\_\_\_  
\_\_\_\_\_
3. Certifications or Licenses (i.e. CDL, EVOC, CPR, SCUBA): \_\_\_\_\_  
\_\_\_\_\_
4. Previous Occupation(s): \_\_\_\_\_  
\_\_\_\_\_

## DRIVING HISTORY

1. Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Exp. \_\_\_\_\_
2. Has your license ever been suspended or revoked?     Yes     No  
If yes, why? \_\_\_\_\_
3. Do you have any driver's license restrictions?     Yes     No
4. Do you have any driver's license restrictions?     Yes     No

ARREST HISTORY / COURT DATA

- 1. Have you ever been arrested and /or charged with a crime?  Yes  No
- 2. Have you ever been detained by a law enforcement officer for investigative purposes or to your knowledge have you ever been the subject of or suspect in any criminal investigation?  Yes  No
- 3. Have you ever been fingerprinted for any reason (arrest, job application, military, etc.)  
 Yes  No

3. If you have answered yes to question #1, #2 or #3, please provide details.

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4. Have you or your spouse ever been a plaintiff or a defendant in a court action? (Include any liens, lawsuits, bankruptcy, domestic violence injunctions, etc.)

Yes  No    If you answered yes, give date, place or court, case number, names of involved parties, nature of action, and final disposition on a separate piece of paper and attach as last page.

AREA OF ASSIGNMENT

1. What assignment(s) are you interested in ?

Citizens Advisory Committee

Sheriff's Posse

Office Receptionist

Clerical / Data Entry

Vehicle Maintenance

Building Maintenance

Seniors vs Crime

D.A.R.E. Camp

Fingerprinting

Other: \_\_\_\_\_

## APPLICANT'S CERTIFICATION

I understand that my volunteer status will be contingent upon the results of a complete background investigation. I am aware that any omission, falsification, misstatement or misrepresentation will be the basis for my disqualification as a volunteer or my dismissal from the Sheriff's Office volunteer program. I agree to the conditions and certify that all statements made by me on this application are true, correct and complete, to the best of my knowledge. I understand that I may be fingerprinted. I understand that this volunteer application shall become the property of the Sheriff's Office and that it and the information received in response to the background examination are public records.

I further understand and agree that my volunteer status may be contingent upon the results of a complete drug test. I understand that the use of drugs or alcohol is not permitted during work or duty time, whether paid or unpaid, in the areas, including vehicles, where work is performed by employees, appointees or volunteers. I understand that any prescription drug use that might affect my duties (i.e. driving) must be reported to the volunteer unit coordinator. I understand that any change in my driver's license status must be reported to the volunteer unit coordinator. I understand that my continued status may be contingent upon the results of medical or psychological examinations that I may be required to take during the term of my volunteer status. I further authorize the Sheriff's Office or agent of the Sheriff's Office, without need of further authorization, to obtain medical records allowed by law if I claim rights to payment or receipt of any benefit pursuant to state or federal law. I understand that unless otherwise defined by applicable law, any volunteer relationship with the this office is "at will", which means that the Sheriff may discontinue my volunteer status at any time with or without cause and that this "at will" relationship may not be changed unless authorized in writing by the Sheriff. I authorize any of the persons or organizations referenced in this application to furnish information, personal or otherwise, regarding my ability and fitness for volunteer service with the Sheriff's Office and I release all such parties from any and all liability for any damage that might result from furnishing such information to the Sheriff's Office. I agree to conform to the rules, regulations and orders of the Sheriff's Office and acknowledge that these rules, regulations and order may be changed, interpreted, withdrawn or added to by the Sheriff's Office, at its discretion, at any time and without any prior notice to me.

I understand an investigation will be conducted on all of the information listed on this application. Because of this, are you aware of any information about yourself or any person with whom you are or had been closely associated (including relatives, roommates) which might tend to reflect unfavorably on your reputation, morals, character or ability? \_\_\_ Yes \_\_\_ No. If yes, provide your version or explain fully any such incident.

Witnessed By:

  

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Signature of Applicant as Usually Written / Date



**STATEMENT OF CONFIDENTIALITY**

In the process of performing work as a volunteer for the Lincoln County Sheriff's Office, it is possible to come in contact with or overhear information that is of a sensitive law enforcement nature or is subject to exemption from public record laws of the State of Missouri.

Any information viewed or overheard is strictly confidential and under no circumstances should be discussed. Any disclosure of information may be grounds for immediate dismissal. You may also be subject to criminal prosecution and or civil penalties.

I certify that I understand this statement of confidentiality and accept it terms and conditions.

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

\_\_\_\_\_  
Volunteer's Signature

\_\_\_\_\_  
Date

**REFERENCES**

List three (3) references (not relatives, former or present employers, fellow employees, or school teachers) who are responsible adults of reputable standing in their communities, such as property owner, business or professional men or women, who have known you well for the past three (3) years. If retired, give former occupation.

Complete Name:		Home Address: _____
		City, State, Zip: _____
		Home Phone: (_____) _____
Yrs. Acq.	Occupation:	Business Address: _____
		City, State, Zip: _____
		Business Phone: (_____) _____

## REFERENCES CONTINUED

Complete Name: _____		Home Address: _____
		City, State, Zip: _____
		Home Phone: (_____) _____
Yrs. Acq.	Occupation:	Business Address: _____
		City, State, Zip: _____
		Business Phone: (_____) _____

Complete Name: _____		Home Address: _____
		City, State, Zip: _____
		Home Phone: (_____) _____
Yrs. Acq.	Occupation:	Business Address: _____
		City, State, Zip: _____
		Business Phone: (_____) _____

## COMPLETION

Did you .....

1. **Complete** all sections?
2. **Sign** the Applicant's Certification Form? Does it have a **witness signature**?
3. **Complete** the Background Investigation Waiver and have it **notarized**?
4. **Sign** the Statement of Confidentiality Form

Mail this application or Hand Deliver to:

Lincoln County Sheriff's Office  
Attn: Volunteer Coordinator  
65 Business Park Drive  
Troy, Missouri 63379