

Application For Volunteer Position

Columbia County Sheriff's Office

901 Port Avenue
Saint Helens, OR 97051

www.ColumbiaCountyOR.gov

- Read and complete all sections of this form
- Incomplete applications will not be accepted
- Applications will only be accepted via online submission

AN EQUAL OPPORTUNITY EMPLOYER

Equal access to programs, services and volunteer opportunities is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Sheriff's Office.

APPLICANT NAME AND ADDRESS			POSITION APPLIED FOR	
			Administrative	<input type="checkbox"/>
Last Name	First Name	Middle Initial	Animal Control	<input type="checkbox"/>
Mailing Address			Jail Inmate Programs	<input type="checkbox"/>
			Marine Safety Officer	<input type="checkbox"/>
City	State	Zip	Mounted Posse	<input type="checkbox"/>
			Reserve Deputy	<input type="checkbox"/>
EMAIL Address		Phone Number	Search & Rescue	<input type="checkbox"/>
			Other (Please explain below)	<input type="checkbox"/>

List any other names used for work records. _____

Have you ever been employed or volunteered here before? Yes No

If yes, please provide dates (MO/YR): FROM: _____ TO: _____

Are you legally eligible for employment in this country? Yes No

Date available to Volunteer? STARTING: _____

SPACE BELOW FOR OFFICE USE ONLY – APPLICANTS CONTINUE ON NEXT PAGE

Received by:

Date:

Employment History

List your employment history starting with the most recent, including military experience. Explain any gaps in employment in comments section below. Attach additional sheets if necessary to fully explain duties or list employers which demonstrate the experience and/or background necessary to qualify for this position.

EMPLOYER	TELEPHONE	DATES EMPLOYED MONTH & YEAR		SUMMARIZE THE NATURE OF THE WORK PERFORMED AND JOB RESPONSIBILITIES
ADDRESS		FROM	TO	
TYPE OF BUSINESS	JOB TITLE	FULL-TIME	PART-TIME	
IMMEDIATE SUPERVISOR	TITLE	HOURS / WEEK		
REASON FOR LEAVING				

EMPLOYER	TELEPHONE	DATES EMPLOYED MONTH & YEAR		SUMMARIZE THE NATURE OF THE WORK PERFORMED AND JOB RESPONSIBILITIES
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Employment History Continued

EMPLOYER	TELEPHONE	DATES EMPLOYED MONTH & YEAR		SUMMARIZE THE NATURE OF THE WORK PERFORMED AND JOB RESPONSIBILITIES
ADDRESS		FROM	TO	
TYPE OF BUSINESS	JOB TITLE	FULL-TIME	PART-TIME	
IMMEDIATE SUPERVISOR	TITLE	HOURS / WEEK		
REASON FOR LEAVING				

COMMENTS (Including explanation of any gaps in employment.)

Skills and Qualifications

Summarize any special training, skills, licenses, certificates and/or characteristics of yourself that may qualify you as being able to perform job-related functions for the position which you are applying.

List specific computer programs you have used, as well as any different type of hardware or other office equipment.

Education Background

SCHOOL	ATTENDED (MM/YY)		DEGREE / DIPLOMA / MAJOR	DATE RECEIVED
	FROM	TO		
High School Graduate YES NO GED				

References

List the name and telephone number of three business / work references who are not related to you.

NAME	TELEPHONE NUMBER	YEARS KNOWN

**Make sure you complete all appropriate sections of this application form.
Incomplete applications will not be accepted.**

I understand that if I am appointed to a volunteer position, any misrepresentation or material omission made by me on this application will be sufficient cause for rejection of this application or immediate dismissal from County service, whenever it is discovered.

I give Columbia County the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the County and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information.

I understand that Columbia County does not unlawfully discriminate and no question on this application is used for the purpose of limiting or excusing any applicant from consideration of a basis prohibited by local, state or federal law.

If I am appointed, I understand that I am free to resign at any time, with or without cause and without prior notice, and the County reserves the same right to terminate my service at any time, with or without cause and without prior notice, except as may be required by law.

This application does not constitute an agreement or contract for any specified period or definite duration. I understand that no representative of the County, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I understand it is the County's policy not to refuse to appoint a qualified individual with a disability because of the person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am appointed, I will be required to provide proof of identity and legal work authorization.

I represent and warrant that I have read and fully understand the foregoing and seek a volunteer position under these conditions.

PRINTED NAME

DATE

By entering my initials, I acknowledge that I submitted this application electronically and that I agree to the terms and conditions of this application and affirm the information provided in it is true.

INITIALS

Applications will only be accepted if received via online submission.
You must fill out a County application form to be considered an applicant.