



LINCOLN COUNTY SHERIFF'S OFFICE



Emergency Management Auxiliary Communications Service Volunteer Application

Name _____ Daytime phone (____) _____

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: _____

Languages you speak: _____ or write: _____

Amateur Radio Callsign: _____ FCC License Class: _____

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: Jenny Demaris, Lincoln County Emergency Manager, 225 W. Olive Street, Room 103, Newport OR 97365, vdemaris@co.lincoln.or.us, (541) 265-4199

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, 210 SW 2nd Street, Newport, OR 97365; Phone 541-265-4157, Fax 541-265-4906.