

MASON COUNTY SHERIFF'S OFFICE
VOLUNTEER/INTERN PROGRAM

Dear Applicant,

Attached is an application for a Volunteer position with the Mason County Sheriff's Office. Please return the completed application either to the North Precinct, the Shelton Office at 322 N. Pine Street, or mail to:

Volunteer Coordinator
Mason County Sheriff's Office
P.O. Box 1037
Shelton, WA 98584

The job of a Mason County Sheriff's Office Volunteer is to support law enforcement while serving the community. Confidentiality is imperative, and all potential volunteers are subject to a background investigation prior to acceptance.

Some level of typing skills is required. Must have a general knowledge of and be willing to use a computer. Experience in office procedures is helpful but not mandatory. A volunteer should plan to commit for a year, with a minimum workweek of four hours.

The application must be clearly printed and all questions must be answered. The final page is an Authorization to Release Information and must be signed and notarized. Incomplete or illegible applications will not be considered. If space is not sufficient for complete answers or you wish to add further information, attach sheets the same size as this application. Make sure the answers on the extra sheets are clearly marked to correspond with the questions on the application. Make sure you include zip codes on all addresses.

Thank you for your interest in becoming a Volunteer for the Mason County Sheriff's Office.

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PERSONAL INFORMATION

Last Name _____ First _____ Middle _____

Other Names (maiden/nicknames) _____

Date of Birth _____ City/State of Birth _____

Height _____ Weight _____ Hair Color _____ Eye Color _____

Drivers License # _____ Social Security # _____

Physical Address _____

Mailing Address _____

Home Phone _____ Cell Phone _____ Email _____

WORK/VOLUNTEER HISTORY

Employer _____ From _____ To _____

Address _____ Phone _____

Title/Position _____ Supervisor _____

Duties _____

Reason for Leaving _____

Employer _____ From _____ To _____

Address _____ Phone _____

Title/Position _____ Supervisor _____

Duties _____

Reason for Leaving _____

1) Do you have any additional experience, training or specialized ability that, in your opinion, will qualify you for a position with MCSO? _____

2) Have you ever been fired from any job? Yes_____ No_____ (If yes, explain)

3) Have you ever been employed by a law enforcement agency in any capacity?
Yes_____ No_____ If yes, please list (use additional sheet if more than one agency)

Name of Agency _____ From _____ To _____

Address _____ Phone _____

Title/Position _____ Supervisor _____

Duties _____

Reason for Leaving _____

4) Have you ever been denied employment with any law enforcement agency?
Yes_____ No_____ (If yes, please explain) _____

PERSONAL REFERENCES – Provide three references other than relatives

Name _____ Length of Relationship _____

Mailing Address _____

Home Phone _____ Cell Phone _____

Name _____ Length of Relationship _____

Mailing Address _____

Home Phone _____ Cell Phone _____

Name _____ Length of Relationship _____

Mailing Address _____

Home Phone _____ Cell Phone _____

SECURITY

Due to the sensitive information widely available throughout the Mason County Sheriff's Office it is imperative we ask the following questions to assist us in determining if an applicant's personal situation could potentially result in a security breach.

- 1) Have you used marijuana within the last three (3) years? Yes _____ No _____
- 2) Have you ever used or experimented with any illegal or non-prescribed drugs or controlled substances? Yes _____ No _____ If yes, when? _____
- 3) Have you ever been present where illegal drugs were being used? Yes _____ No _____ If yes, when? _____
- 4) Have you ever been involved in the sale or trafficking of any illegal drugs? Yes _____ No _____ If yes, when? _____
- 5) Have you ever committed or been convicted of a felony? Yes _____ No _____
If yes, what and when? _____
- 6) Have you ever committed or been convicted of a misdemeanor? Yes _____ No _____
If yes, what and when? _____
- 7) Have you ever been arrested or taken to jail for any reason? Yes _____ No _____
If yes, what for? _____
- 8) Do you have any convicted felons living with you now? Yes _____ No _____
- 9) Do you associate with and/or communicate with anyone incarcerated in any correctional or confinement facility? Yes _____ No _____
- 10) Do you associate with and/or communicate with anyone who is currently on parole, work release, any furlough program, or any court mandatory guidance? Yes _____ No _____

DRIVING RECORD

List all traffic infractions or citations issued to you within the last seven years (regardless of their location).

Date	Location	Type	Disposition
_____	_____	_____	_____
_____	_____	_____	_____

- 1) Can you currently operate an automobile? Yes_____ No_____
- 2) Do you hold a valid drivers license? Yes_____ No_____

If yes, what state? _____ If no, why not? _____
- 3) Have you ever had your driver's license suspended or revoked? Yes_____ No_____

If yes, where? _____

JOB REQUIREMENTS

- 1) Can you operate a typewriter? Yes_____ No_____ Computer? Yes_____ No_____
- 2) Are you accurate on a keyboard? Yes_____ No_____

If yes, by sight or touch? _____
- 3) Do you know proper grammar and spelling? Yes_____ No_____
- 4) Can you demonstrate good judgment and problem-solving abilities under stress?

Yes_____ No_____
- 5) What do you think the duties of this position involve? _____

- 6) Do you understand the physical requirements for this position? Yes_____ No_____
- 7) Are there any incidents in your life or details not previously mentioned that may influence our evaluation of your suitability to work for the Mason County Sheriff's Office? Yes_____ No_____ (If yes, please explain) _____

- 8) Why do you want to volunteer/work for the Sheriff's Office? _____

"I certify, under penalty of perjury, that the foregoing facts and information contained herein are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation or omission of facts will be cause for denial of employment as a Mason County Sheriff's Office Volunteer/Intern or cancellation of our professional services contract (or immediate termination if already hired) regardless of when discovered."

Print Name _____

Signature _____

Date _____

WAIVER AND AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:

I am an applicant for a Volunteer position with the Mason County Sheriff’s Office (MCSO). Your honest and thorough reply will assist MCSO in investigating my background and personal history to evaluate my qualifications and fitness for this position.

I authorize you to furnish to any representative of the Mason County Sheriff's Office any and all information that you have concerning me, which may include work record, reputation, medical records, psychological testing analysis and recommendation, military service records, and financial status. Information of a confidential or privileged nature may be included.

I hereby release you, your organization, and others from any liability or damages which result from furnishing the information requested.

For and in consideration of MCSO’s acceptance and processing of my application for employment, I agree to hold MCSO, its agents and employees, harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with MCSO. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, and waive those rights with the understanding that information furnished will be used by MCSO in conjunction with employment procedures.

A photocopy or FAX copy of this release will be valid as an original thereof, even though the said photocopy or FAX copy does not contain an original writing of my signature.

_____	_____
Applicant’s Signature	Date

Print Name of Applicant	
_____	_____
Parent Signature if Applicant is Minor	Print Name of Parent

Subscribed and sworn to before me on the ____ day of _____, _____.

Notary Public