

Lincoln County Sheriff's Office



65 Business Park Drive, Troy, MO 63379
636.528.8546 www.lcsomo.gov

VOLUNTEER APPLICATION

INSTRUCTIONS: *Thank you for your interest in volunteering with the Lincoln County Sheriff's Office (LCSO)! Please complete this application thoroughly so we can match your interests and skills with activities and needs within our agency. If you have questions, contact the Human Resource Division at 636-528-8546. Please type or print.*

LAST NAME:	FIRST NAME:	MIDDLE NAME:
PREFERRED NAME IF DIFFERENT THAN ABOVE:		
STREET ADDRESS:		
CITY:	STATE:	ZIP:
MAILING ADDRESS IF DIFFERENT THAN ABOVE:		
CELL PHONE:	ALTERNATIVE PHONE:	
EMAIL ADDRESS:		

IN WHAT AREA ARE YOU INTERESTED IN VOLUNTEERING?

The Sheriff's Office has a variety of volunteer opportunities. Please check our website for a description, then indicate below what you are interested in. If you are interested in our Reserve Deputy program, please apply on-line.

<input type="checkbox"/> AUXILIARY TEAM	<input type="checkbox"/> COLLEGE INTERNSHIP
<input type="checkbox"/> EMERGENCY MANAGEMENT/SEARCH & RESCUE: <input type="checkbox"/> Clerical Data Entry <input type="checkbox"/> Youth Camp <input type="checkbox"/> Crime Prevention Program <input type="checkbox"/> Inmate Faith Based Program <input type="checkbox"/> Vehicle Maintenance <input type="checkbox"/> Other _____	<input type="checkbox"/> OTHER: Please describe your interest area

WRITE A BRIEF STATEMENT ABOUT WHY YOU WANT TO VOLUNTEER:

TELL US ABOUT YOURSELF:

DO YOU HAVE PRIOR EXPERIENCE IN LAW ENFORCEMENT, CORRECTIONS OR OTHER RELATED FIELD? YES NO
IF YES, PLEASE EXPLAIN...

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DO YOU HAVE ANY SPECIAL SKILLS OR TRAINING THAT MAY ASSIST YOU AS A VOLUNTEER AT LCSO?

EMPLOYMENT:

I AM CURRENTLY: <input type="checkbox"/> EMPLOYED <input type="checkbox"/> RETIRED <input type="checkbox"/> UNEMPLOYED <input type="checkbox"/> STUDENT <input type="checkbox"/> HOMEMAKER	
PRESENT OR MOST RECENT EMPLOYER:	ADDRESS:
MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
YOUR POSITION:	SUPERVISOR:
POSITION IS / WAS: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> PERMANENT <input type="checkbox"/> TEMPORARY	PHONE: DATES EMPLOYED:
BRIEFLY DESCRIBE YOUR DUTIES:	

EDUCATION:

DO YOU HAVE A HIGH SCHOOL DIPLOMA OR EQUIVALENT (GED)? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DO YOU HAVE A COLLEGE DEGREE(S)? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHAT WAS YOUR FIELD OF STUDY? MAJOR: _____ MINOR: _____ DEGREE(S): <input type="checkbox"/> AA <input type="checkbox"/> BA/BS <input type="checkbox"/> MA/MS <input type="checkbox"/> OTHER	ARE YOU CURRENTLY ENROLLED IN COLLEGE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, INSTITUTION: _____ YEAR OF STUDY: _____ MAJOR: _____
INDICATE ANY FOREIGN LANGUAGES YOU SPEAK, READ, OR WRITE: _____ _____ _____	CERTIFICATES OR LICENSES (I.E CPR, CDL, EVOC): _____ _____ _____

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ADDITIONAL COMMENTS ABOUT YOUR EDUCATION OR TRAINING:

OTHER:

IN ORDER TO MATCH YOU WITH THE MOST APPROPRIATE VOLUNTEER DUTY, PLEASE NOTE ANY PHYSICAL LIMITATIONS YOU HAVE THAT WE SHOULD BE AWARE OF...

ARE YOU A U.S. CITIZEN OR LEGAL RESIDENT? YES NO IF NO, PLEASE EXPLAIN

HAVE YOU EVER BEEN ARRESTED AS A JUVENILE OR AN ADULT? YES NO
 IF YES, PLEASE EXPLAIN. INCLUDE WHAT THE CHARGE WAS, DATE, ARRESTING AGENCY, AND DISPOSITION:

HAVE YOU EVER APPLIED TO THE LINCOLN COUNTY SHERIFF'S OFFICE BEFORE? YES NO
 IF YES, WAS THIS FOR A VOLUNTEER OR EMPLOYMENT POSITION? VOLUNTEER EMPLOYMENT
 POSITION: _____ DATE APPLIED: _____

CHARACTER REFERENCES: *Please provide the name, address and phone number(s) of three LOCAL references (excluding relatives) indicating their relationship to you.*

NAME:	RELATIONSHIP:
STREET ADDRESS:	PHONE(S):
CITY/STATE/ZIP:	

NAME:	RELATIONSHIP:
STREET ADDRESS:	PHONE(S):
CITY/STATE:	

NAME:	RELATIONSHIP:
STREET ADDRESS:	PHONE(S):
CITY/STATE:	

EMERGENCY CONTACT: *Provide the name, address and phone number of the person you want contacted in case of an emergency.*

NAME:	RELATIONSHIP:
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ADDRESS:	PHONE(S):
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PRACTICUM/INTERN STUDENTS ONLY:

SPONSORING SCHOOL:	DEPARTMENT:
PROFESSOR:	LEVEL/YEAR:
CREDIT HOURS TO BE RECEIVED:	ACTUAL HOURS TO WORK PER WEEK:

I hereby certify that there are no misrepresentations or falsifications in the above statements and that the information provided is true to the best of my knowledge. I authorize and release Lincoln County to make any necessary and appropriate inquiry or investigation to verify information contained in this application, including computerized criminal history, warrant and driving record inquiries.

Signature: _____ Date: _____

*Please complete the
Volunteer Criminal History Check Authorization on the next page.*

VOLUNTEER CRIMINAL HISTORY CHECK AUTHORIZATION

Thank you for your interest in volunteering with the Lincoln County Sheriff's Office. The information on this form will be used to conduct a criminal history check. Felony convictions, or other circumstances that would make participation as a LCSO volunteer inappropriate, may be cause for denial. All information will remain confidential as required by law.

The Lincoln County Sheriff's Office does not discriminate on the basis of race, color, national origin, gender, or any other protected class recognized by Missouri or Federal law.

LEGAL NAME, LAST:		FIRST:	MIDDLE:
OTHER LAST NAMES USED:			
DATE OF BIRTH:	DRIVER'S LICENSE NO:		STATE:
AUTO INSURANCE POLICY NO:		AUTO INSURANCE AGENT:	
HEIGHT:	WEIGHT:	HAIR COLOR:	EYE COLOR:
MAILING ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:		PHONE:	
LIST ALL OTHER STATES WHERE YOU HAVE RESIDED AND/OR WORKED AS AN ADULT:			

I hereby authorize the Lincoln County Sheriff's Office to conduct a criminal history and DMV background check. I understand that all available police and criminal records will be checked, and that the information will be used in determining my eligibility to volunteer with the Lincoln County Sheriff's Office.

Signature: _____ Date _____

Return entire packet to:
Lincoln County Sheriff's Office
65 Business Park Drive
Troy, MO 63379
ATTN: Human Resource Department

FOR OFFICIAL USE ONLY:
