



**Chelan County Sheriff's Office**  
**Brian Burnett, Sheriff**

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Law and Justice Bldg ★ 401 Washington Street #1 ★ Wenatchee, WA 98801  
Phone: (509) 667-6851 ★ Fax: (509) 667 6860

**WAIVER AND AUTHORIZATION TO RELEASE INFORMATION**

I respectfully request and authorize you to furnish any law enforcement agency any and all information that you may have concerning me, my employment record, school record, military history, criminal record, and general reputation. Please include any and all medical, physical and mental records or reports, including all information of a confidential or privileged nature, and photocopies of the same if requested. This information will be used for the purpose of determining my eligibility for a volunteer position in the Chelan County Sheriff's Volunteer Services.

This waiver and authorization shall supersede any prior waiver, authorization, release or direction that I may have given you to the contrary concerning my records.

I understand my rights under Title 5, U.S.C., Section 552a, the Privacy Act of 1974, and waive those rights with the understanding that information furnished will be used by a law enforcement agency in conjunction with the volunteer process.

I hereby release you, your organization or others from any liability or damage which may or could result from furnishing the information requested above or from any subsequent use of such information in determining my qualifications as a volunteer within the Chelan County Sheriff's Volunteer Services.

\_\_\_\_\_  
Print Your Full Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

If you are under 18 years of age, please have your parent or guardian sign below.

By signing for my son or daughter, I understand he/she will be required to commit time to this program in Chelan County. I also understand a background check will be completed by the Chelan County Sheriff's Office.

\_\_\_\_\_  
Signature

Parent of: \_\_\_\_\_

Date: \_\_\_\_\_

**Integrity ★ Teamwork ★ Excellence**

**Jason Mathews**  
Undersheriff



**Adam Musgrove**  
Chief of Patrol



**Chris Foreman**  
Chief of Special Operations

**Kim Oglesbee**  
Chief Civil Deputy



**Jessica Peterson**  
Executive Assistant

# Chelan County Sheriff's Volunteer Services

## Membership Application

**Applying for:** ☐ Field Operations ☐ Marine Patrol ☐ Explorer Unit ☐ Special Operations ☐ Administrative Services

**Special Ops.** Includes: Groundpounders, MC/4x4/ATV Team, Snowmobile Team, Canine SAR, Dive Team SAR, Nordic SAR, Swiftwater Rescue Team, and Technical Team SAR.

**Admin. Svcs.** Includes: Communications/Adcom and Chaplain Service.

**Please check/circle all that apply.**

### INSTRUCTIONS

This form must be completed in your own handwriting and signed in ink. If a question does not apply to you, write "N/A" (Not Applicable) as your response to that question. ***If additional space is needed for any questions on this form, entries should be continued on a separate sheet of paper and numbered to correspond with the number of the question on this form.***

Information we have about you may be given to Federal, State, and local agencies for checking on law violations or other lawful purposes.

### PERSONAL DATA

1. NAME: LAST			FIRST			MIDDLE			2. NICKNAMES OR ALIASES										
3. HOME ADDRESS: NUMBER, STREET, STATE, ZIP CODE						4. Email address			5a. HOME PHONE #										
5b. CELL PHONE NUMBER						5c. CELL PHONE CARRIER			5d. CAN YOU RECEIVE TEXT MESSAGES?										
6. BIRTHDATE			7. PLACE OF BIRTH						8. SEX		9. Height		10. Weight		11. Hair Color		12. Eye Color		
Month		Day		Year								Male							
Female																			
13. HIGHEST SCHOOL GRADE ATTAINED					14. U.S. CITIZEN					15. NATURALIZATION CERTIFICATE NO.									
					Yes      No														

### EMPLOYMENT DATA

16. CURRENT EMPLOYER				17. HOW LONG?				18. OCCUPATION			
19. EMPLOYMENT ADDRESS								20. EMPLOYMENT PHONE # AND SUPERVISOR'S NAME			
21. HOURS OF EMPLOYMENT						22. DAYS OFF		23. SOCIAL SECURITY NUMBER			
24. EMPLOYMENT HISTORY (Include last ten years)											
25. Have you ever been fired, discharged or asked to resign from any position?    No    Yes    If yes, please explain:											
26. Would you have difficulty in working or dealing with members of the opposite sex, different origin, race, religion, or nationality?    No    Yes If yes, please explain.											
27. Would you be able to follow direct orders, even though you may not agree with them?											
28. Would any problem result if your present employer were contacted during the course of the background investigation? Yes      No  If "no", when should such contact be made?											

29. If you have had no prior employment, please explain in the space below:

#### MILITARY AND OTHER DATA

30. Have you ever served in the Armed Forces, National Guard, or military reserves of the United States?    No    Yes    If Yes, please complete questions 31-35:

31. BRANCH OF SERVICE

32. SERVICE  
NUMBER

33. DATES OF SERVICE  
\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_

34. TYPE OF  
DISCHARGE

35. Have you ever been the subject of any judicial or non-judicial disciplinary action while in the military, National Guard or military reserves? No    Yes    If yes, please give details  
(include branch of service, when, where, circumstances).

36. Have you ever been placed on court supervision or probation?    No    Yes    If Yes, please explain:

#### DRIVING RECORD DATA

37. DRIVER'S LICENSE NUMBER(S) AND ISSUING STATE:

38. Has your privilege to operate a vehicle ever been suspended, revoked or been refused by an issuing agency?    No    Yes  
If yes, please explain:

#### SPECIAL INTERESTS/SKILLS, TRAINING & EXPERIENCE

39. List any special licenses you hold (such as pilot, radio operator, scuba, etc.) showing licensing authority, original date of issue, and date of expiration.

40. List any specialized machinery or equipment that you can operate, e.g., 4x4, snowmobile (including office machines and typing speed), or talent (computer programmer, electrician, locksmith, mechanic, etc.) or other skills you have that you are willing to assist the Sheriff's Office with:

41. If you are fluent in any foreign language that may be useful, indicate the language and your degree of fluency (excellent, good, or fair) in each area:

Language	Reading	Speaking	Understanding	Writing
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42. Explain any search and rescue related training or experience. Please provide documentation, if available:

43. List any specialized training or experience. Include any experience in the medical field, military, forest service, emergency services, climbing, extended hiking, etc.

**EMERGENCY NOTIFICATION**

44. NAME	45. PHONE NUMBER
46. ADDRESS	47. RELATIONSHIP

**THREE REFERENCES**

48. NAME	49. ADDRESS	50. PHONE NUMBER

**PERSONAL STATEMENT/WAIVER & AUTHORIZATION TO RELEASE INFORMATION**

51. I understand that by signing this application, I will be required to commit time to this program. Also, I am giving authorization to the Chelan County Sheriff's Office to make inquiries into my background, employment history, school record, military history, criminal history, driving records, and general reputation. I understand my rights under Title 5, U.S.C., Section 552a, the Privacy Act of 1974, and waive those rights with the understanding that information furnished will be used by a law enforcement agency in conjunction with the volunteer process. I hereby certify that the entries made by me on this statement are true, complete, and correct to the best of my knowledge and belief. Further, I do hereby release you, your organization, your agents, and others from any liability or damage which may result from furnishing information to the Chelan County Sheriff's Office pursuant to this waiver and authorization to release information.

Signed:

Date:

If you are under 18 years of age, please have your parent or guardian sign below.

By signing for my son or daughter, I understand he/she will be required to commit time to this program in Chelan County. I also understand a background check will be completed by the Chelan County Sheriff's Office.

Signed:

Date:

Parent or Guardian of: