



Lewis County Sheriff's Office Support Volunteer Program

Lewis County Sheriff's Office ▪ 345 W. Main St., Chehalis, WA 98532 ▪ (360) 748-9286

PURPOSE

Specify procedures, rules, and regulations that guide the overall operation of the Lewis County Sheriff's Office Support Volunteer Program.

POLICY

Support Volunteers provide valuable and necessary additional services to the Lewis County Sheriff's Office on an as needed basis. In order to maximize the productivity of this program, the following procedures and protocols are established.

ELIGIBILITY

Support Volunteers must be at least 18 years of age, or 14 if a parent is an approved active volunteer; successfully pass a background check; and have established a consistent pattern of responsible citizenship and use of good judgment as evidenced by the **absence** of any of the following in their background.

- Convictions for an offense that is a felony in Washington State.
- Convictions for a gross misdemeanor offense in the past (7) years.
- Convictions for a misdemeanor offense in the past five (5) years.
- Convictions for any domestic violence and/or biased based offense.
- Convictions for any charge/offense that shows aggression toward or disrespect for police officers.
- Indicators that one's integrity, honesty, character, or work habits would be incompatible with the ethical standards and values of the Lewis County Sheriff's Office.

APPLICATION/STEPS TO BECOMING A SUPPORT VOLUNTEER

- Complete, sign, and submit (via mail or in person) the Support Volunteer Application and Waiver Form.
- Successfully pass a Criminal History and Driver's License check.
- Provide three character references.
- Successfully complete an interview with the Volunteer Review Board.
- Understand and agree to the terms and conditions of volunteering for the Lewis County Sheriff's Office.
- Successfully complete specific volunteer orientation, training, and probation.

Lewis County Sheriff's Office Mission Statement:

Being a committed community partner, providing professional service to enhance the safety, security, and quality of life in Lewis County.

Lewis County Sheriff's Office Support Volunteer Program

The Lewis County Sheriff's Office Support Volunteers are invaluable to the Sheriff's Office. They contribute to the ability of the agency to perform the duties of their positions, and provide a service that contributes to the quality of life in our community. Volunteers help make Lewis County a great place to live, work, and raise families by supporting the Motto, Mission, Vision, Core Values, and Code of Ethics of the Lewis County Sheriff's Office.

Minimum Requirements for Lewis County Sheriff's Office Support Volunteers:

- Support Volunteers must be able to commit two to four hours per week (depending on position), for a minimum of six months.
- Support Volunteers must be at least 18 years of age, or 14 years old with a parent who is an approved active Support Volunteer.
- Support Volunteers must be able to successfully pass a background check, which includes both reference checks and a Criminal History check.
- Support Volunteers must support the Lewis County Sheriff's Office and comply with confidentiality requirements, and agency policies and procedures.
- Support Volunteers must attend monthly meetings (first Tuesday of the month), from 5:30 p.m. to 7:00 p.m. Training sessions may be offered at different times and dates. Support Volunteers will be notified ahead of time of these dates and times.

Support Volunteer Activities Include:

- Crime Prevention/Neighborhood Watch
- Traffic Safety/School Safety City
- Sex Offender Notification
- Evidence Section Support
- Southwest Washington Fair
- Community Events

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APPLICATION

(Please print or type)

PERSONAL INFORMATION

Last Name: _____

First Name: _____ Middle Name: _____

Other Names Used: _____

Date of Birth: _____ Social Security #: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____

Work Phone: _____ Message: _____

Email Address: _____

EDUCATION BACKGROUND & MILITARY EXPERIENCE

Highest level of education completed: High School 1 2 3 4

College: 1 2 3 4 5 6 7 8

Degrees or certificates earned: _____

Military Service Branch: _____

Rank: _____

Time Served: _____ Date Discharged: _____

Do you speak or read a foreign language? Yes No

If so, list: _____

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CRIMINAL HISTORY & DRIVING RECORD

Washington Driver's License Number: _____

Has your license ever been suspended or revoked? Yes No If yes, explain:

List traffic citations and accidents for the last five (5) years:

Have you ever been questioned, detained, arrested, investigated, warned, or issued a citation for any misdemeanor or felony, other than traffic, either as an adult or juvenile?

Yes No If yes, explain: _____

Have you ever been convicted of a crime? Yes No

If yes, please explain: (Use additional sheet, if necessary.)

QUESTIONNAIRE

- 1. Yes No Have you ever been fired, discharged, or asked to resign from any position?
- 2. Yes No Have the police ever been called to your home?
- 3. Yes No Have you ever committed any criminal violation that has gone undetected?
- 4. Yes No Have you or your spouse ever been sued or summoned into court?
- 5. Yes No Do you now or have you ever had any gambling debts?
- 6. Yes No Have you ever used an employer's money to gamble with?
- 7. Yes No Have you ever had an F.B.I. fingerprint check done for any reason?
- 8. Yes No In any employment setting, including military service, have you received any verbal or written reprimands or suspensions for violations of company policy?
- 9. Yes No Would you have difficulty working with members of the opposite sex, different origin, race, religion, or nationality?

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- 10. Yes No In any job that you've held, have you been involved in any physical or major verbal confrontations?
- 11. Yes No Would you be able to follow direct orders, even though you may not agree with them?
- 12. Yes No In any previous employment setting, were you ever exposed to any high stress or an extreme emergency condition?
- 13. Yes No Have you ever operated a motor vehicle while under the influence of alcohol or drugs, to the point that you knew you should not have been driving?
- 14. Yes No Have you ever had your license revoked, suspended, or restricted?
- 15. Yes No Have you ever had any of your financial obligations turned over to a collection agency?
- 16. Yes No Have you ever been placed on court supervision or probation?
- 17. Yes No Have you ever had any court proceedings expunged?

**Please use this area to explain your Yes answer to questions 1-17.
Attach additional sheet, if necessary.**

Question #	Date	Explanation

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REFERENCES

List three individuals you have known for at least five years – Name, Address and phone number. Refrain from using family members.

(1) Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

(2) Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

(3) Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

EMPLOYER/WORK HISTORY

List employment in the past ten (10) years beginning with the present or most recent employer: *Attach additional sheet, if necessary.*

Business Name: _____

Supervisor's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

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Business Name: _____

Supervisor's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

VOLUNTEER INTEREST

How many hours do you have available to volunteer each week? _____

List hours and days of the week you are available:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Areas you are interested in volunteering in: _____

List any skills or interests that would assist in placing you in an appropriate assignment:

(Attach additional sheet, if necessary)

List any memberships in any community organizations and previous/present volunteer experience:

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Briefly state why you wish to volunteer your time to the Lewis County Sheriff's Office.

Note: This question must be answered. *(Attach additional sheet, if necessary)*

ASSIGNMENTS

Please indicate what categories you are interested in serving:

- Crime Prevention/Neighborhood Watch
- Traffic Safety/School Safety City
- Sex Offender Notification
- Evidence Section Support
- Southwest Washington Fair
- Community Events
- Other - List: _____

EMERGENCY CONTACT

List person(s) to notify in case of an emergency while volunteering with LCSO:

(1) Name: _____ Relationship: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____

(2) Name: _____ Relationship: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____

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**THIS SECTION FOR SPANISH SPEAKING RIDE ALONG AND
INTERPRETER PROGRAM APPLICANTS ONLY**

Are you willing to be called out any time of day, if needed? Yes No

Can we call you at your place of employment, if needed? Yes No

If you have questions, please call the LCSO Volunteer Coordinator at 360-740-1193, or the Volunteer Liaison at 360-740-2765.

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INFORMATION AUTHORIZATION

I hereby authorize any city, county, state, former employer, or any other agency to furnish to any member of the Lewis County Sheriff's Office any information considered necessary for the purpose of processing this questionnaire. A copy of this authorization shall be considered as valid as the original. I consent to the Lewis County Sheriff's Office performing a background check into my history in accordance with RCW 43.43.834, and waive any right of privacy I may have in such information for the limited purpose of the Lewis County Sheriff's Office considering it for determining my suitability as a volunteer.

Signature: _____ Date: _____

LETTER OF UNDERSTANDING AND HOLD HARMLESS AGREEMENT

I understand that I am not an employee of the Lewis County Sheriff's Office (LCSO). I am not entitled to payment for services rendered, nor am I entitled to compensation or fringe benefits other than set out below. I further acknowledge that I am a volunteer for purposes of the Fair Labor Standards Act. I wish to volunteer my services to the Lewis County Sheriff's Office and/or observe members of the Lewis County Sheriff's Office perform their duties. I understand that my status as a LCSO volunteer may be revoked at any time. In consideration of the above granted authority to observe and other good and valuable consideration, I, my assigned heirs, executors, or agents hereby agree to hold the Lewis County and the Lewis County Sheriff's Office harmless. I agree to indemnify Lewis County, the Lewis County Sheriff's Office, and their agents and employees from any and all claims, damages, losses, and expenses arising out of the above described observations, volunteer work, and related activities, which is for bodily injury, illness or death, or property loss of use.

Signature: _____ Date: _____

If you are under 14 years of age, please have your parent or legal guardian sign below.

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

Signature: _____ Date: _____

Parent or Guardian of: _____

Please return completed application to the Lewis County Sheriff's Office, 345 West Main Street, Chehalis, WA 98532.

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FOR OFFICIAL USE ONLY	
Date Received:	
Spillman Information:	Employee #:
NCIC III/WACIC:	
Driver's Check:	
Person Conducting Background Check:	
Date Completed:	
Volunteer Liaison Review & Approval of Background Investigation:	
Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, indicate reason: _____	
Signature: _____ Date: _____	
Bureau Chief Review & Approval of Background Investigation:	
Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, indicate reason: _____	
Signature: _____ Date: _____	

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