



Supervisor \_\_\_\_\_

Days off \_\_\_\_\_

May we contact your employer as a reference? Yes \_\_\_\_\_ No \_\_\_\_\_

**If under 18 fill out parent/guardian info:**

Mother/Father/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_  
Number Street City Zip

Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

Mother/Father/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_  
Number Street City Zip

Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

**In case of emergency, whom should we contact?**

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_  
Number Street City Zip

Phone Numbers: Home- \_\_\_\_\_ Work- \_\_\_\_\_ Cell- \_\_\_\_\_

Do you have any medical problems, such as allergies to medicines, injured joints, etc., that would hinder you in field search and rescue operations?

\_\_\_\_\_  
\_\_\_\_\_

Have you ever received a traffic citation? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain in detail and the outcome \_\_\_\_\_

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Have you ever been the subject of a police investigation? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain in detail, Police Department involved, situation, date, and the final outcome

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What special activities or hobbies are you involved in? \_\_\_\_\_

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Do you belong to any clubs or organizations? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please give names/activities: \_\_\_\_\_

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Do you have any Search and Rescue training? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

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**Uniform sizes:**

PANTS SIZE \_\_\_\_\_

WAIST \_\_\_\_\_ INSEAM \_\_\_\_\_  
(If unknown list short/regular/long)

T-SHIRT SIZE \_\_\_\_\_ JACKET SIZE \_\_\_\_\_

Do you meet the minimum requirements: \_\_\_\_\_ Yes \_\_\_\_\_ No

- Minimum age 14 (by start of academy in June)**
- Washington County resident**
- Good community record (Pass a background check)**
- Good physical health- (PT test standards will be sent prior to testing)**
- Minimum 2.3 GPA (No failing classes)**
- Willing to attend and complete the basic training academy**
- Minimum 2-year commitment as an active member**
- Maximum age of 19 to apply**
- (Note: Members "age out" of the program in December following their 21st birthday)**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RETURN THIS COMPLETED FORM TO:**

Washington County Sheriff's Office  
Attn: West Patrol Admin  
Search & Rescue Operations  
215 SW Adams Ave, MS #32  
Hillsboro, Oregon 97123