



Whatcom County Sheriff's Office  
311 Grand Ave.  
Bellingham, WA 98225

# WHATCOM COUNTY SEARCH AND RESCUE (SAR)

## CRIMINAL HISTORY/BACKGROUND APPLICATION

APPLICATION: NEW  RENEWAL

## CONFIDENTIALITY OATH

**Instructions:** Print clearly, provide your signature in two places below, and return to WCSO-Division of Emergency Management.

Last Name		First Name			Full Middle Name		
Maiden Name		Alias/Other Names Known As		Driver License Number		Issuing State	
Street Address			City		State/Zip		
Email Address(es)							
Home Phone		Work Phone			Cell Phone		
Date of Birth (mm/dd/yyyy)	Sex (male/female)	Height	Weight	Race	Eye Color	Hair Color	
SAR Unit Applying to Participate		ENDORSEMENT: Unit Officer's Name <i>(only required for new applicants)</i>		ENDORSEMENT: Unit Officer's Signature & Date <i>(only required for new applicants)</i>			
<b>EMERGENCY CONTACT INFORMATION</b> <i>(In case of an emergency the following contact person will be notified)</i>							
First and Last Name			Contact Number		Relationship to Emergency Worker		
<b>BACKGROUND INFORMATION</b>							
<b>Do you have any driving restrictions?</b> If so, please explain:							
<b>Have you ever been investigated or arrested for a crime?</b> If so, please explain: <i>(Answering yes will not be an automatic disqualifier. Factors will be considered due to the nature, seriousness of the act, and the age and maturity of the applicant at the time of the act.)</i>							
<i>I understand that by signing this Application, I am acknowledging and approving the Whatcom County Sheriff's Office to make inquiries into my background, criminal history and driving record. I certify that the above information is true and correct.</i>							
Signature					Date		

### VOLUNTEER CONFIDENTIALITY

Due to the nature of the services that the Whatcom County Sheriff's Office, Emergency Worker Volunteers provide, you may process and sometimes hear or see information that is confidential and not public record. For that reason, you are asked to sign an oath of confidentiality indicating that you will keep information to which you have access confidential and not discuss it with anyone other than the staff with whom you are working. Any violation of this confidentiality is a violation of the Sheriff's Office policy and state law and could result in jeopardizing an on-going investigation.

### OATH OF CONFIDENTIALITY

1. The undersigned will access Sheriff's Office records only as necessary to perform job duties.
2. The undersigned agrees not to divulge, publish, or otherwise make known to anyone except Sheriff's Office employees, orally or in writing, any information gained through access to the Sheriff's Office records.
3. It is understood and agreed upon that the foregoing conditions do NOT cease at such time as the undersigned is no longer a volunteer with the Sheriff's Office. The undersigned is permanently bound by said regulations on confidentiality.
4. Violation of conditions 1 through 3 may subject the undersigned to disciplinary action, which may include termination of volunteer status, civil action, and/or criminal prosecution. This does not preclude the undersigned from reporting misconduct they have knowledge of or truthfully testifying in any official proceedings.

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date