

# BENTON COUNTY SHERIFF'S OFFICE

## CODE OF ETHICS

As a member of the Benton County Sheriff's Office, my fundamental obligation is to protect the constitutional rights and freedoms of the people whom I have been sworn to uphold.

While I consider the way I choose to conduct my private affairs a personal freedom, I accept the responsibilities for my actions, as well as inactions, while on duty or off duty, when those actions bring disrepute on the public image of my employer, my colleagues and the criminal justice profession.

I vow to perform all my duties in a professional and competent manner. I consider the abilities to be courageous in the face of danger and to exercise restraint in the use of my powers and authorities to be the ultimate public trust. I accept that I must consistently strive to achieve excellence in learning the necessary knowledge and skills associated with my duties. I will keep myself physically fit and mentally alert so that I am capable of performing my duties according to the standards of quality expected of my position.

I vow to be fully truthful and honest in my dealings with others. I deplore lies and half-truths that mislead or do not fully inform those who must depend upon my honesty. I understand that during the course of an official investigation I may need to build upon reasonable suspicion and/or probable cause by sharing fictitious statements or as yet unsubstantiated information in order to ultimately gather evidence of fact. This in no way diminishes my commitment to truthfulness, and actually reaffirms my responsibility to seek the truth.

I will obey the very laws that I am sworn to uphold. I will seek affirmative ways to comply with the standards of my agency and the lawful directions of my supervisors.

I vow to treat others with courtesy at all times. I consider it to be a professional weakness to allow another's behavior to dictate an unprofessional response. I will not allow others' actions or failings to be my excuse for not performing my duties in a responsible and professional and expected manner.

I vow to empathize with the problems of people with whom I come into daily contact. However, I cannot allow my personal feelings, prejudices, animosities, or friendships to influence the discretionary authorities entrusted to my job. I will affirmatively seek ways to avoid conflicts and potential conflicts of interest that could compromise my official authority of public image.

I hold the authority inherent in my position to be an affirmation for the public's trust in me as a member of the Benton County Sheriff's Office. I do not take this trust lightly. As long as I remain in this position, I will dedicate myself to maintaining this trust and upholding all the ideals of the Benton County Sheriff's Office.

Registered Acceptance by: \_\_\_\_\_

PRINT NAME

SIGNATURE

DATE



Jef Van Arsdall, Sheriff

# Benton County Sheriff's Office

180 NW 5<sup>th</sup> Street, Corvallis, OR 97330  
541.766.6858 [www.co.benton.or.us/sheriff](http://www.co.benton.or.us/sheriff)

*State Accredited since 2009*



*An important part of serving the residents of Benton County is letting them know what the Benton County Sheriff's Office (BCSO) does. We often do that through photos or videos depicting BCSO employees and volunteers on the job and interacting with residents. These visuals may be used in news releases, the BCSO website, Sheriff's Office social media outlets such as Facebook and Twitter, and other publications and presentations. Your permission to use your image – or the image of your minor child – helps us tell this story.*

## PHOTO/VIDEO RELEASE

I grant Benton County, its representatives and employees, the unrestricted right and permission to take photographs and/or video images of me or in which I may be included. This includes the recording of my voice.

I authorize Benton County, its assigns and transferees the right to copyright, use, edit, copy, alter, and/or publish the same in print and/or electronically. I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears.

I agree that Benton County may use such photographs or videos of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and web or social media content.

This agreement is binding upon me and my heirs, legal representatives, and assigns. I have read and understand the above:

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

IF UNDER 18-YEARS-OLD, PARENT OR LEGAL GUARDIAN MUST ALSO COMPLETE:

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
PARENT OR LEGAL GUARDIAN

PRINTED NAME: \_\_\_\_\_  
PARENT OR LEGAL GUARDIAN

**DUTY ♦ HONOR ♦ COURAGE**

**VOLUNTEER AGREEMENT**



Welcome to the Benton County Sheriff's Office! You can be proud of being accepted into volunteer service as we hold high standards for all members, both employees and volunteers. Toward that end, persons voluntarily performing non-compensated services for the Benton County Sheriff's Office are asked to carefully read and sign this Volunteer Agreement for Non-Compensated Services. Again, thank you for volunteering your skills, energy, and commitment in service to the community. We hope it will be a positive experience for you!

I, \_\_\_\_\_ (print name) agree to the provisions listed below in providing non-compensated, volunteer services to the Benton County Sheriff's Office (BCSO). This Agreement will be in effect for the duration of my volunteer services with the BCSO.

**Personal Conduct:** I acknowledge that as a volunteer with the Benton County Sheriff's Office, my actions reflect on the public image of the Office and I vow to conduct myself in an ethical and lawful manner both on and off duty. I will uphold the public trust, shall not use my position to gain favor or preferential treatment, and will avoid any real or perceived conflicts of interest.

**Confidentiality:** Much of the information encountered during volunteer service at the BCSO is sensitive and must remain confidential. I agree to respect confidential communication and not to discuss or disclose it to anyone outside of the Sheriff's Office or my Volunteer Unit.

**Use of Vehicles:** If my assignment includes driving a motor vehicle, I agree to abide by Benton County's Motor Pool and Fleet Policy. My signature below authorizes the BCSO to obtain a copy of my Oregon Department of Motor Vehicles Driving Record for the purpose of driving County vehicles. If I am authorized to drive my personal vehicle while performing BCSO volunteer duties, I affirm that I have and will maintain insurance coverage as required by the State of Oregon and that I understand that my private insurance is the primary insurance coverage for my personal vehicle, even when performing volunteer duties.

**Waiver & Hold Harmless:** I am fully aware that work associated with being a BCSO volunteer may involve certain risks of physical injury or death. I assume all risk of injury, damage, and harm arising from such activities or use of BCSO facilities. I release and hold harmless the BCSO, Benton County, its officials, employees, and agents and I waive any right of recovery that might bring a claim or lawsuit against them for any personal injury, death, or other consequences arising out of my volunteer activities. I understand that a limited amount of accident and injury insurance coverage and liability insurance may be provided by Benton County for volunteer members of the BCSO. I understand these apply only when performing duties within the scope of my volunteer service.

I understand that I am providing volunteer services to BCSO at the discretion of the Sheriff.

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

\_\_\_\_\_  
date

\_\_\_\_\_  
BCSO Representative/Witness Signature

\_\_\_\_\_  
date

# Benton County Sheriff's Office



180 NW 5<sup>th</sup> Street, Corvallis, OR 97330  
541.766.6858 www.co.benton.or.us/sheriff

## VOLUNTEER APPLICATION

**INSTRUCTIONS:** *Thank you for your interest in volunteering with the Benton County Sheriff's Office (BCSO)! 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 Training & Recruiting Sergeant at 541-766-6853. 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"/> ARES (Amateur Radio Emergency Service) <input type="checkbox"/> CERT (Community Emergency Response Team) <input type="checkbox"/> CMRU (Corvallis Mountain Rescue Unit) <input type="checkbox"/> MPSAR (Marys Peak Search and Rescue) <input type="checkbox"/> POSSE (Sheriff's Mounted Posse) <input type="checkbox"/> R3K9 (Region 3 Canine Search and Rescue) <input type="checkbox"/> SKYSAR (Air Search and Rescue)	<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? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN...
DO YOU HAVE ANY SPECIAL SKILLS OR TRAINING THAT MAY ASSIST YOU AS A VOLUNTEER AT BCSO?

## Benton County Sheriff's Office VOLUNTEER APPLICATION

**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: _____
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? <input type="checkbox"/> YES <input type="checkbox"/> NO   IF NO, PLEASE EXPLAIN
HAVE YOU EVER BEEN ARRESTED AS A JUVENILE OR AN ADULT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN. INCLUDE WHAT THE CHARGE WAS, DATE, ARRESTING AGENCY AND DISPOSITION:
HAVE YOU EVER APPLIED TO THE BENTON COUNTY SHERIFF'S OFFICE BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WAS THIS FOR A VOLUNTEER OR EMPLOYMENT POSITION? <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> EMPLOYMENT POSITION: _____ DATE APPLIED: _____

**Benton County Sheriff's Office VOLUNTEER APPLICATION**

**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:
ADDRESS:	PHONE(S):

**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 Benton 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 Benton 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 BCSO volunteer inappropriate, may be cause for denial. All information will remain confidential as required by law.

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

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

*Return entire packet to:*  
**Benton County Sheriff's Office**  
**180 NW 5<sup>th</sup> Street**  
**Corvallis, OR 97330**  
**ATTN: Training & Recruiting Sergeant**

<b>FOR OFFICIAL USE ONLY:</b>          <b>NOTE: Redact DOB and ODL after processing.</b>
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