Skamania County Sheriff's Office Search and Rescue

Background Check & DEM Form

Skamania County Sheriff's Office · Fall/Winter 2026 Cycle

When is this used? Complete and submit this form with your application. SCSOSAR sends it to the Skamania County Sheriff's Office **only if you accept an invitation to Academy** (background checks are planned for December 14–17, 2026). The information is used for your background check and your Washington State Department of Emergency Management (DEM) emergency worker registration.

If you are not invited to Academy, or you decline, this form is not sent to the Sheriff's Office.

Personal Information

Last name	First name	Middle name

Have you ever gone by any other names?

☐ Yes ☐ No

If yes, list all other names used (maiden, previous legal names, etc.)

Physical address	City / State / ZIP

Phone, cell	Cell carrier	Phone, home

Phone, work	Email, primary

Email, secondary	Employer	Occupation

Background Information

To be considered for volunteer service, you must pass a background check conducted by the Skamania County Sheriff's Office.

Do you consent to a background check conducted by the Skamania County Sheriff's Office?

☐ Yes ☐ No

Driver's license state	Driver's license number

Date of birth	Height	Weight	Eye color	Hair color

Applicant Certification and Consent

This form is part of the official applicant screening and onboarding process for the Skamania County Sheriff's Office Search and Rescue (SCSOSAR) team. By signing, the applicant affirms that all information provided is true, complete, and accurate to the best of their knowledge, and understands that any misrepresentation, omission, or falsification of information may result in disqualification from consideration or dismissal from the program. The applicant consents to a background investigation conducted by the Skamania County Sheriff's Office and acknowledges that acceptance into the volunteer program is contingent upon satisfactory completion of that investigation and compliance with all team requirements.

All information collected through this form will be treated as confidential to the extent permitted by law and used solely for volunteer screening, background checks, selection, training, and ongoing volunteer management. Certain information may be shared with the Skamania County Sheriff's Office, relevant county departments, and authorized agencies as necessary to evaluate eligibility, conduct required background checks, and support mission readiness. Submission of this form does not guarantee acceptance into SCSOSAR, and all applicants must complete additional requirements, training, and approval processes as outlined by SCSOSAR and the Washington State Department of Emergency Management (DEM).

Applicant signature (type your full legal name, or sign after printing)	Date