## SHERIFF'S VOLUNTEERS APPLICATION

Name:						
L	ast (indicate ma	iden name also)		First	Middle	
Date of Birt	h:			-	Sex: M F Race:	
Address:	Street	Apt #	City	State	Zip Code	
A	Street	прет	City	State	219 0000	
Phone No:	Home:			Work:		
Email Address				0 "	8	
In case of e	emergency conta			<u>"</u>		
in case or c	inergency conta		Name	Relationship	Phone #	
Drivers License Number: State:						
Class: Expiration Date:						
Is your driver's license valid? Yes No						
Have you ever been arrested, for anything other than a traffic offense?  Yes  No						
If the answer is Yes, please explain the arrest where, when and disposition:						
Place of Em	plovment:					
	p.0/					
Address:	Street	Apt #	City	State	Zip Code	
Occupation:						
Reason for						
Volunteering	• (t					
		Α.				

## SHERIFF'S VOLUNTEERS APPLICATION

I certify that all statements made on this application are true and complete. I authorize any individual, company, organization or institution to release any and all information concerning statements made by me on this application, and do hereby release all parties and individuals connected therewith from all liabilities for any damages whatsoever incurred in furnishing such information. I agree and understand that any deliberate false statement or omission of material facts may disqualify me from the Sheriff's Volunteers Program.

My signature below acknowledges my understanding and agreement with the material provided.						
Signature	Date					