



ST. JOSEPH COUNTY SHERIFF'S POSSE, INC.
PO Box 962 Mishawaka, IN 46545

APPLICATION FOR MEMBERSHIP

Please fill out the entire application and mail it to the above address.

Personal Information

Date of Application: _____

NAME _____

PRESENT ADDRESS _____

FORMER ADDRESS _____

PHONE _____

Date of Birth _____ Age _____ Height _____ Weight _____ Eyes _____ Hair _____

Social Security # _____ Drivers License # _____

Employer Information

Current Employer _____

Work Address _____ Work Phone _____

Previous Employers

Dates	Names of Employer	Position	Reason for Leaving
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

References

List the names of three people not related to you

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Referred by _____

Physical Information

Do you have any chronic physical problems? Yes _____ No _____

If yes, List _____

Are you under doctor's care? Yes _____ No _____

Doctor's name _____

Are you taking any medication? Yes _____ No _____

If yes, List _____

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Horse and Experience Information

Do you have access to a horse? Yes _____ No _____
Do you own your own horse? Yes _____ No _____
Breed _____ Sex _____ Size _____ Color _____
Where is your horse kept? _____
How long have you been riding a horse? _____
Please list any special instruction in horsemanship _____

Please list any Police Experience _____

Please list any Police Training _____

Please list the highest level of education attained _____

Emergency Information

Person to be Contacted _____
How is this person related to you? _____
Address of contact _____
Phone # _____ Work # _____

Reason for application Give a quick summary of why you would like to be a member

Criminal Information

Have you ever been arrested? Yes _____ No _____
If yes, when? _____
If arrested, what was the charge? _____
Have you ever been convicted of a crime? Yes _____ No _____
If yes, when? _____
What was the crime? _____
If convicted, what was the penalty or judgment rendered against you? _____

Have you ever been accused of un-American activities? Yes _____ No _____

If yes, to the above, attach a separate letter explaining the facts of the accusation.

Have you answered all the questions truthfully concerning this application?
Yes _____ No _____

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Agreement

Any attempt to avoid all questions asked in this application is considered sufficient reason to disqualify the applicant for any further consideration for appointment as a member of the St. Joseph County Sheriff Posse, Inc.

Any false statement will disqualify the applicant for any consideration for appointment as a member of the St. Joseph County Sheriff Posse, Inc.

I, _____ fully understand all of the questions in this application and attest with my signature that such questions have been answered by me and are true facts.

Signed: _____ Date: _____

Waiver of Release

I, _____ hereby grant my personal permission to the Sheriff of St. Joseph County or any of his duly appointed representatives to search the police files, in order to determine the standing of my character, reputation and any criminal arrest information.

I further attest with my signature on this document that the information as it appears may be released to the participating members of the executive board of directors of the St. Joseph County Sheriff Posse, Inc. for review at the regularly scheduled executive board meeting for the purpose of examining the information to assist in the determining my eligibility for appointment to the St. Joseph County Sheriff Posse, Inc.

It is my understanding that all compliance to the 1974 USC. Privacy Act and its amendments from this agreement does not violate any of my constitutional rights or liberties and I forever hold blameless any bona fide officer of the St. Joseph County Sheriff's office or the St. Joseph County Police Department for the release of such aforesaid personal history information to the St. Joseph County Sheriff Posse, Inc.

Signed: _____ Date: _____

Witness: _____ Date: _____

For Official Use

Executive Board Approved _____ Denied _____ Date _____

Membership Approved _____ Denied _____ Date _____

County Police
Merit Board Approved _____ Denied _____ Date _____