

BUREAU COUNTY SHERIFF'S MOUNTED VOLUNTEER APPLICATION

(PLEASE PRINT)

NAME: _____
LAST FIRST MIDDLE MAIDEN

ADDRESS: _____
STREET or APPARTMENT CITY STATE ZIP CODE

HOME PHONE: _____ WORK PHONE: _____

CELULAR PHONE: _____ EMAIL: _____

DATE OF BIRTH: _____ CITY/STATE OF BIRTH: _____ AGE: _____

DRIVERS LICENSE NUMBER: _____ STATE OF ISSUE: _____

APPLICANT TAKE NOTE: A COPY OF A GOVERNMENT ISSUED PHOTO IDENTIFICATION MUST BE ATTACHED HERETO.

Applicant's statement of understanding and acceptance

With this application for membership, I hereby accept and agree that I will meet any and all requirements as established by the Sheriff of Bureau County and/or his sworn representative(s) from within the Office of Sheriff. I furthermore pledge my support to the organization of mounted volunteers and to the purpose for which they have joined together. In that I am representing the Bureau County Sheriff in his/her sworn and elected capacity, I accept, acknowledge and provide my approval through my signature (below) that I will be the subject of a criminal background investigation and I agree to this process knowing that all of the information that may be recovered in the background investigation may be shared **ONLY** with the Sheriff and sworn officers of the Sheriff. I also accept and acknowledge that I will hold the County of Bureau, the Offices and Departments representing the County, those officers providing representation and the membership of this volunteer group or organization, harmless of legal action and/or litigation resulting from my participation in this volunteer organization.

As a volunteer, I am willing to furnish information for use in determining my qualifications and/or background. I understand that for security reasons a background check will be conducted and I may be fingerprinted. Further background information may be requested based on assignment. I understand that falsifying statements on this application or during any interview process is cause for my immediate dismissal from the volunteer program. I understand that the Bureau County Sheriff will not have to disclose the reason, if any, for not being selected for membership within this volunteer program.

In providing my signature, I do hereby certify that all information contained in this application is correct and accurate to the best of my knowledge. I authorize the Bureau County Sheriff to do a background investigation to the extent the Sheriff deems necessary and appropriate, as part of the application process. In performing volunteer duties for the County of Bureau, I understand that I may be provided with access to confidential information and I swear to respect and maintain that confidentiality.

Furthermore, under penalty of perjury, I swear or affirm that I have not been convicted of a felony criminal offence, and that I am not the subject of a felony criminal indictment. I understand and agree that the Sheriff of Bureau County may terminate my participation in this volunteer program without cause, reason or explanation. I fully accept the terms of this application as developed by the Sheriff of Bureau County in support of this volunteer program.

SIGNATURE

DATE

SHERIFF

DATE

Applicant is not to document below this line.

I have personally conducted a criminal history inquiry through the Bureau County Sheriff's records management system, LEADS and NCIC and will provide the information only to the Sheriff of Bureau County or his sworn officer representatives.

VERIFYING DEPUTY

DATE OF INQUIRY