

CHELAN COUNTY SHERIFF'S OFFICE
VOLUNTEER APPLICATION

Check One

- Marine Patrol
 Posse
 Mtn. Rescue
 Auxiliary

NAME _____ DATE _____

ADDRESS _____ SSAN _____

HOME PHONE _____ WORK PHONE _____ DATE OF BIRTH _____

PLACE OF BIRTH _____ OCCUPATION _____

HEIGHT _____ WEIGHT _____ HAIR _____ EYES _____ COMP _____

Have you ever been convicted of a crime, including traffic? YES NO
Explain _____

Do you have any physical disabilities? YES NO Explain _____

Why do you wish membership? _____

Hobbies _____

References: Give name, business or occupation and correct address

1. _____

2. _____

3. _____

SPONSORED BY _____

Do not write below this line

BOARD APPROVAL _____ BOARD REJECTION _____ REMARKS _____

APPROVED BY MEMBERSHIP _____ REJECTED BY MEMBERSHIP _____

DATE _____ COORDINATOR _____ SHERIFF APPROVAL _____