



SANTA ROSA SHERIFF'S MOUNTED POSSE



APPLICATION FOR MEMBERSHIP

(Please print)

Name: _____
(last) (first) (middle)

Home Address: _____

City: _____ State: _____ Zip: _____

SSN: _____ Phone # _____

Cell Phone # (If applicable): _____ Email: _____

Date of Birth: _____ Place of Birth: _____

Sex: ___M ___F Marital Status: ___S ___M ___D ___W ___Other

Current Employer: _____

Supervisor: _____ Phone #: _____ How Long: _____

May we contact your present or past employer? ___Yes ___No

1. Have you ever been arrested of an offense other than a minor traffic violation?

___Yes ___No (If yes, please explain. Use back of page if needed)

2. Have you ever been rejected for membership into any horse unit or Posse? _____

3. Are you a citizen of the United States? ___Yes ___No

If not, submit proof of filing of first intent to become a citizen

4. May we conduct Criminal History and Background Check on you? ___Yes ___No

FAMILY INFORMATION:

Spouse's or Next Of Kin Full Name: _____

Address (if different from yours): _____

Employer: _____ Phone#: _____

Date Of Birth: _____ Place Of Birth: _____

PERSONAL REFERENCES (Please include a riding instructor)

1. Name: _____ **Phone #:** _____

Address: _____ **Relationship:** _____

Length Of Time You Have Known This Person: _____

2. Name: _____ **Phone #:** _____

Address: _____ **Relationship:** _____

Length Of Time You Have Known This Person: _____

3. Name: _____ **Phone #:** _____

Address: _____ **Relationship:** _____

Length Of Time You Have Known This Person: _____

How did you find out about the posse? _____

PERSONAL INTERESTS

Explain briefly why you desire to become a member of the SANTA ROSA SHERIFF'S POSSE.

Briefly describe your experience in riding/training horses.

What are your current riding goals?

Briefly describe (with name) the horse(s) you plan on riding in the Sheriff's Posse.

Do you have any reservations wearing the Sheriff's Office uniform and upholding a positive public relationship while wearing the uniform? _____

I completely understand that as a member of the Santa Rosa Sheriff's Posse, I have no law enforcement powers and that my continued membership in this organization is solely at the discretion of the Sheriff of Santa Rosa County.

I, _____, respectfully submit this application with all included information being true and correct. I understand that if I omit or falsify any information on this application, the application becomes void and my membership application into the Posse is automatically terminated. If accepted into Posse membership, I will do my utmost to support the well being of the unit. If at any time I believe I cannot do this I will at that time resign my membership.

Applicant's Signature

Date

Please submit completed application to any posse member, or mail to the following address:

SRSMP
6223 Highway 90 # 209
Milton, Florida 32570

OFFICE USE ONLY

Date Submitted: _____ Sponsor: _____

Training Session Dates: 1. _____ Meeting Dates: 1. _____
2. _____ 2. _____
3. _____ 3. _____

Bkgrd Check _____ New Member Info _____ Dues _____

Uniforms _____ Helmet Stars _____ Nametag _____ Saddle Pad _____

Date Voted On _____ Yes # _____ No # _____ Abst # _____