



Have you been advised by a doctor or other medical professional to avoid any specific physical activities? Yes ( ) or No ( )

If YES please describe: \_\_\_\_\_

Do you have any other limitation that you feel could affect your performance as a volunteer with this agency? Yes ( ) or No ( )

Residence History (list addressed occupied within the last three years if different from your current address):

<u>From/To</u>	<u>Address</u>	<u>Owner/Landlord</u>	<u>Phone#</u>
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____

Have you ever been convicted as an adult for any violation of the law? Yes ( ) or No ( )  
Provide dates, location(s) and penalties:

\_\_\_\_\_  
\_\_\_\_\_

Has your driver's license ever been suspended or revoked? Yes ( ) or No ( )

Have you ever been discharged or forced to resign from any position? Yes ( ) or No ( )

List any other skills or training you feel would enhance your abilities as a volunteer with this agency.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

State of Personal Interest (briefly state your reasons for applying for a volunteer position with the Grant County Sheriff's Office):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the answers given herein are true and correct to the best of my knowledge.

By my signature below I authorize the Grant County Sheriff's Office and their representative(s) to make such investigative inquiries of my personal, criminal, financial, and/or medical histories and other related matters as may be necessary in determining my qualification for acceptance as a volunteer with the Grant County Sheriff's Office. I hereby release all persons from any and all liability in responding to inquiries in connection with my application.

I understand that false and misleading statements and/or information given by me in my application will result in a refusal by the Grant County Sheriff's Office to consider my application further. I also understand that I am required to abide by all of the rules and regulations of the Grant County Sheriff's Office as established in their policy and procedure manual.

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Signature of Applicant

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Date

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Place signed (City/State)