

IMPERIAL COUNTY SHERIFF'S OFFICE
328 APPLESTILL ROAD
P.O. Box 1040
EL CENTRO, CA 92243

S.O. ID No.: _____

Approved / Decline: _____

Unit Assigned: _____

 Date of Application

APPLICANT FOR (Circle One): Volunteer

Other _____

PLEASE COMPLETE THE INFORMATION BELOW AS INSTRUCTED

PERSONAL INFORMATION

Last Name:		First Name:		Middle Name:	
Sex:	Date of Birth:	Place of Birth:		Height:	Weight:
Hair Color:	Eye Color:	Blood Type:	Social Security #:	Driver's License #	Marital Status: M S D W

Residence Address: _____ Telephone No.: _____

Business Address: _____ Telephone No.: _____

Name of Business: _____ Occupation: _____

In Case of an Emergency Notify: _____ Residence No.: _____

Emergency Notify Address: _____ Business No.: _____

Have you ever been arrested / incarcerated before? (Circle One): N/A YES NO

If Yes: Date: _____ Agency: _____ Violations: _____

Are you on Probation? (Circle One) YES NO Probation Officer's Name: _____

Are you on Parole? (Circle One) YES NO Parole's Officer's Name: _____

VOLUNTEER SPONSER / REFERRED INFORMATION

Sponsor: _____

Supervisor: _____

REFERENCES

List below the names of three persons not related to you whom you have known for at least one year.

Reference Name:	Address:	Phone /Business :	Business / Occupation:	Years Acquainted:

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is call for dismissal. Further, I understand and agree that my visitation right is for no definite period.

 DATE

 SIGNATURE