

MONTEZUMA COUNTY SHERIFF'S OFFICE

730 EAST DRISCOLL STREET
CORTEZ, CO 81321
(970)-565-8452

CITIZENS OBSERVER PATROL APPLICATION

DATE: _____

NAME: LAST: _____ FIRST: _____ MIDDLE INT. _____

MAIDEN NAME: _____ ALIAS (ES): _____

HOME ADDRESS: _____ APT. _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE #: (_____) _____ CELL PHONE #: (_____) _____

DATE OF BIRTH: ____/____/____ ALT. PHONE #: (_____) _____

CITY AND STATE OF BIRTH: _____

PREVIOUS ADDRESS: _____

RACE: _____ SEX: _____ HEIGHT: _____ WEIGHT: _____ HAIR: _____ EYES: _____

MARRIED? YES NO IF YES, SPOUSE'S NAME: _____

ENGLISH PRIMARY LANGUAGE? YES NO IF NO, WHAT LANGUAGE? _____

EDUCATION: HIGH SCHOOL: _____ COLLEGE: _____ POST GRAD: _____

EMAIL ADDRESS: _____

OCCUPATION: _____ EMPLOYER: _____

ADDRESS: _____

PREVIOUS VOLUNTEER WORK: _____

DRIVERS LICENSE #: _____ STATE: _____ EXPIRATION: _____

BRIEFLY STATE WHY YOU WANT TO VOLUNTEER WITH THE MONTEZUMA COUNTY SHERIFF'S OFFICE?

SKILLS YOU POSSESS:

COMPUTER: _____ FOREIGN LANGUAGES: _____
CLERICAL: _____ OTHER: _____

Have you ever been arrested or charged with a criminal offense? YES NO

If yes, please relate circumstances including arresting agency, date, charges and disposition:

Have you ever been convicted of any criminal offense? (Include any plea of "guilty" or "no contest". Exclude minor traffic violations.) If yes, please explain:

Do you have any medical conditions that may affect your ability to serve in the capacity of a Citizen Observer? If so, please list: _____

GIVE THREE (3) REFERENCES, NOT RELATIVES, YOU HAVE KNOWN FOR AT LEAST FIVE (5) YEARS. INCLUDE CURRENT ADDRESS AND PHONE NUMBER:

- 1. _____
- 2. _____
- 3. _____

I hereby certify all statements in this application are true, correct and complete to the best of my knowledge. I give full permission to the Montezuma County Sheriff's Office to make any and all inquiries into my personal and business status as may be deemed necessary in the interest of the agency and my appointment therein. I further acknowledge that I am responsible for the repair or replacement of any property received from the Montezuma County Sheriff's Office. Upon my resignation or disqualification as a volunteer, I will surrender said property to the liaison deputy.

DATE SIGNATURE OF APPLICANT

WITNESS PRINT WITNESS SIGNATURE

1. EMERGENCY CONTACT NAME: _____ PHONE #: _____

2. EMERGENCY CONTACT NAME: _____ PHONE #: _____

NAME OF YOUR PHYSICIAN: _____ PHONE #: _____

ANY FALSE INFORMATION IS AN IMMEDIATE DISQUALIFICATION