



YELLOWSTONE COUNTY

SHERIFF'S OFFICE

BACKGROUND/APPLICATION INFORMATION PACKET

Volunteer 's Name:_____

RESIDENCE

1. Current address: _____

City	County	State	Zip
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Emergency Contact Information:

4. With whom do you reside? _____

If you reside with someone other than spouse or parents, please list:

_____	_____	_____	_____
Last Name	First Name	Middle	Date of Birth

_____	_____	_____	_____
Last Name	First Name	Middle	Date of Birth

EDUCATION HISTORY

1. Circle the highest grade that you have completed:
- | | | | |
|-----------------|-------------|---------|-------------|
| Grade School | High School | College | Grad School |
| 1 2 3 4 5 6 7 8 | 9 10 11 12 | 1 2 3 4 | _____ yrs. |

EMPLOYMENT HISTORY

1. What is your present occupation? _____
Employer? _____
2. Were you ever discharged, forced to resign or negotiate a resignation from employment? Yes _____ No _____ If yes, give details:
- _____
- _____
- _____
- _____
- _____

DISCIPLINARY ACTIONS

1. Have you ever been arrested or detained by the police?
Yes _____ No _____ If yes, give details: Please include any documentation or certified copy of convictions.

Date	Crime Alleged	Police Agency	Disposition

2. Have you ever been placed on probation? Yes _____ No _____
If yes, give details.

3. List any occasion on which you have been fingerprinted (excluding fingerprinting conducted as part of your current application with the Yellowstone County Sheriff's Office).

Date	Agency	Purpose

4. Has your driver's license ever been canceled, suspended or revoked?
Yes ____ No ____ If yes, give date of restoration: _____

*List below all specialized skills, training, licenses, and certifications that pertain to this position.

REFERENCES

Provide the names of three persons, not related to you and not former employees or police officers who you have known personally for at least five years:

Name _____			Years Known _____		
Occupation _____					
Home Address: _____			Bus. Address: _____		
_____		_____		_____	
City	State	Zip	City	State	Zip
Home Phone# _____			Work Phone# _____		

Name _____			Years Known _____		
Occupation _____					
Home Address: _____			Bus. Address: _____		
_____		_____		_____	
City	State	Zip	City	State	Zip
Home Phone# _____			Work Phone# _____		

Name _____			Years Known _____		
Occupation _____					
Home Address: _____			Bus. Address: _____		
_____		_____		_____	
City	State	Zip	City	State	Zip
Home Phone# _____			Work Phone# _____		

This statement must be signed

I attest that all of the statements made by me in this background questionnaire and the documents that I have submitted are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I understand that any false statements made with the intent to commit fraud, any fraudulent conduct, or any attempted deception by me or by others with my knowledge, approval or support, in any application, paper or document submitted, shall bar me from further consideration. Omission of any information from this questionnaire may be cause for my rejection, or removal from any eligible list, or dismissal if chosen as a volunteer.

I fully understood the questions in this background and questionnaire and what was being inquired of me throughout this booklet. I further acknowledge the discovery of any omissions or discrepancies may be grounds for dismissal from the Yellowstone County Sheriff's Office volunteer selection process.

A local criminal history check will be conducted.

Signature of Volunteer Applicant _____ Date: _____

Authorization to Release Information

Name of Applicant _____
Please print your full name

Date of Birth _____ **SSN#** _____

As an applicant for a volunteer position with the Yellowstone County Sheriff's Office, I am required to furnish information for use in determining my qualifications and suitability. I realize that this agency will not release the information provided to them to any person, including myself. The information submitted to this agency is confidential and will be used only for investigating my suitability for a volunteer position.

Toward this end, I authorize release of any and all information that you may have concerning me, including information of a confidential or privileged nature. I hereby authorize all my previous employers, physicians, and professionals who may have examined or treated me, friends, acquaintances, credit reporting services, public agencies, and all others, to furnish to the Yellowstone County Sheriff's Office any and all information they may have concerning me.

I hereby release you, your organization, or others, from liability or damage which may result from furnishing the information requested. I further authorize that a photocopy of this form shall be for all intents and purposes, as valid as the original. I authorize you to retain a copy of this form for your files.

This release is valid for any information supplied within one (1) year of the date of my signature.

Signature of Volunteer Applicant _____

Subscribed and Sworn to before me the ____ **day of** _____, **20**____.
Notary Public in and for said County of _____.
State of _____.

Notary Public