



Mariposa County Sheriff's Volunteer Sheriff's Posse Application Form



In making the application to become a member of the Mariposa County Sheriff's Office Volunteer Sheriff's Posse, you need to be aware of the following obligations and regulations, which are assumed when becoming a member.

1. The Posse is organized to assist the Sheriff with events or incidents. Events include parades, the County Fair, and multiple smaller venues requesting assistance. Incidents include large animal evacuations, feeding/caring for evacuated animals in/out of the fire evacuation area and such other functions deemed appropriate.
2. Posse members serve without pay and are expected to provide their own horse/mule, transportation, equipment and expenses. All members and their horses/mules are subject to annual qualification training and standards.
3. Posse members may be issued badges, ID cards, or other items which remain the property of and must be surrendered upon demand of the Mariposa County Sheriff or his designee, under penalty.
4. Posse is a quasi-military organization with official chain-of-command and responsibility. All Posse must report to their official **before** responding to incidents.
5. Members must submit to the authority of their leaders, deputies and the Sheriff or his designee.
6. Members are expected to attend monthly meetings and training sessions as assigned.
7. New Posse members must take an Oath of Office administered by a County official. This Oath binds the member to obey laws, obey his superiors, and refrain from using his or her position for personal gain or advantage.
8. Members are expected to conduct themselves at all times in a manner that brings credit to the Sheriff's Office, the Posse and the individual.
9. Posse members are volunteer "at-will" workers and can be dismissed from the Department at any time, with or without cause, by the Sheriff or his designee, and the decision cannot be appealed in any way.

If you feel you meet the requirements and can make the commitment of the Mariposa County Sheriff's Office Volunteer Sheriff's Posse, complete the application and submit it to the Mariposa County Sheriff's Office. Please keep in mind this is an application and further rules and regulations may be provided upon acceptance to the agency. Members are subject to fingerprinting and/or background checks. Fingerprinting can be obtained Tuesdays and Thursdays at the Sheriff's Office. Contact the Sheriff's Office at (209) 966-3615 for further information.

I have read and understand the conditions for membership. I agree to abide by the conditions as presented above and hereby apply for Volunteer Sheriff's Posse.

Signed: _____

Date: _____

Printed Name: _____

Coordinator Initials: _____

Name: _____

(Last, First, Middle)

Date of Birth: _____ Place of Birth: _____

Driver's License No. _____ Sex: _____

Height: _____ Weight: _____ Hair: _____ Eyes: _____

Physical Address: _____

Mailing Address: _____

Home Phone: (____)_____ Cellular Phone: (____)_____

US Citizen Yes NO E-Mail: _____

References

(List 3 personal references (not relatives) who have known you for at least 1 year)

Name _____ Address _____ Phone # (____)_____

Name _____ Address _____ Phone # (____)_____

Name _____ Address _____ Phone # (____)_____

Employment History

Current or Most Recent Employer: _____

Business Phone: (____)_____ Address: _____
City _____

Date(s) of Employment: _____ Job Title: _____

Supervisor: _____ Reason for Leaving: _____

2nd Most Recent Employer: _____

Business Phone: (____)_____ Address: _____

Date(s) of Employment: _____ Job Title: _____

Supervisor: _____ Reason for Leaving: _____

List of Person(s) you have lived with over the past 5 years (Include phone, address, e-mail)

Is there anything in you past which might disqualify you from volunteering for a law enforcement agency or serving in a public service capacity? No Yes (*Explain*)

Do you have any medical condition that will prevent you from performing certain tasks? i.e. lifting, bending, standing, walking etc.? No Yes (*Explain*)

List all traffic citations you have received in the past 10 years. (Include date, location, violation, city and state)

Have you ever been on formal or informal Probation or Parole? No Yes (*Explain*)

Has your driver's license ever been suspended, revoked or placed on restriction? No Yes (*Explain*)

Which units are you applying for:
 Mounted Posse Evacuation/Disaster Response Both

Reasons for Applying:

Education/ Specialized Training:

Other Clubs or Organizations, length of Membership:

What type(s) of animal(s) do you have experience with:

How would you grade your driving ability: Expert Intermediate Beginner

How would you grade your backing ability with a trailer: Expert Intermediate Beginner

Do you have a trailer to transport livestock and equipment: Yes No

Is your vehicle and trailer in good and sound condition: Yes No

Are you available at any time: Yes No (Explain)

Can you be ready to go within an hour of notification: Yes No

How are you on promptness and dependability: Excellent Good Fair

Medical Disabilities/Injuries or Problems, including Allergies: _____

Emergency Contact Information

Name: _____

Home Address: _____ Relationship: _____

Work Address: _____ City: _____

Home Phone: (____) _____ Work Phone: (____) _____

Signature of Applicant: _____ Date: _____

----Staff use only----		
Rcvd: (Date): _____	Med Rev: (Date/ Int.) _____	Interview: (Date/ Int.) _____
Applicant: Approved <input type="checkbox"/>	Denied <input type="checkbox"/>	Date: _____ Team Assign: _____
Personnel Officer: _____	Posse Coordinator: _____	

The completion of the information identified by an asterisk is mandatory in accordance with Govt. Code Sec. 8589 and California Emergency Council Rules/Regulations; all other information is voluntary. Purpose of information is registration as a Disaster Service Worker.

DISASTER SERVICE WORKER REGISTRATION AND LOYALTY OATH

*Date Enrolled _____ Div/Reg _____ N/A _____
*Name _____ SSN _____
*Address _____ ID Card No _____ SAR _____
_____ Date of Birth _____
Home Phone (____) _____ Hair _____ Eye _____
Work Phone (____) _____ Height _____ Weight _____
Cell Phone (____) _____ Prof. Lic No _____
*Class Assigned _____ N/A _____ Dr. Lic No _____ Class _____
Exp. Date _____

In case of Emergency, contact _____ Phone (____) _____

***Loyalty Oath of Affirmation (Govt. code Section 3102)**

I, _____, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the Constitution of the State of California against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of California; that I take with obligation freely; without mental reservations or purpose of evasion; and that I will well and faithfully discharge the duties upon which I am about to enter.

Taken and subscribed before me
On _____ at Mariposa, CA

(Signature of Volunteer/Disaster Service Worker)

(Signature of Parent or Guardian (Applicant under 18 years of age))

(Signature of Authorized Official/Title)

The official responsible for maintenance of this information and location filed are shown below.

Disaster Council _____
Location Filed / Address _____

Responsible Official/Title _____
Telephone No. _____
Local Agency Use _____