## **Tulare County Sheriff's Posse**



## **Membership Application**

|                             |                                 | Ap         | plicai | nt Information  |                   |          |
|-----------------------------|---------------------------------|------------|--------|-----------------|-------------------|----------|
| Full Name:                  | Last                            | Firs       | ·+     |                 | Date:             |          |
| Address:                    |                                 | 7 113      |        |                 |                   |          |
|                             | Street Address                  |            |        |                 | Apartment/Unit #  |          |
| Phone: (                    | City )                          |            | F-     | mail Address    | State             | ZIP Code |
| Birth date:                 | Socia<br>No.:                   | l Security |        |                 | CDL# / Exp. Date: |          |
| •                           | ver been convicted of a felony? | YES        | NO     |                 |                   |          |
| If yes, explain:  YES       |                                 | NO         |        |                 |                   |          |
| Are you currently employed? |                                 |            |        | Occupation:     |                   |          |
| Employer:                   |                                 |            |        |                 | Phone: ( )        |          |
| Are you a retiree?          |                                 | YES        | NO     | If so, when?    |                   |          |
| Company na                  | ame:                            |            |        |                 |                   |          |
|                             |                                 |            |        |                 |                   |          |
|                             |                                 | Horse I    | nforn  | nation / Riding | Experience        |          |
| Breed of Ho                 | orse:                           |            |        |                 |                   |          |
| Color:                      |                                 |            |        |                 |                   |          |
| Type of Saddle:             |                                 |            |        |                 |                   |          |
| Riding Experience Level:    |                                 |            |        |                 |                   |          |

## **Tulare County Sheriff's Posse**



## **Membership Information**

Please review and select the desired membership level:

Active Member-\$100 application fee, \$50.00 annual dues

- Active Members must attend Posse functions, which attendance is monitored. An active Member must attend three (3) general meetings and three (3) Posse events. Each and every Member agrees that he/she will at all times conduct himself/herself in an exemplary manner, and at all times remembering that each individual Member shall keep the dignity of the Tulare County Sheriff Posse in mind while in uniform or while assembled as a Posse.
  - Sheriff's office to complete background check.

Full membership required to attend general and board meetings and active participation in events.

Associate Member- \$50.00 annual dues- An Associate Member that wants to be included in the Posse but does not regularly participate in the Posse functions. The Member pays membership dues but has no voting privileges and cannot hold an executive office. A new Member joining as an Associate Member must meet the same initial membership requirements as an active Member except in the area of uniforms.

Junior Member- \$10.00 annual dues - A Junior member shall be under the age of 21 and a relative of a Posse member or sponsored by an Active Posse Member. They are subject to the same requirements and rules as Posse members. Junior member's parents or Posse member relative must assume full responsibility and liability of the Junior member. The Member pays membership dues but has no voting privileges and cannot hold an executive office.

| sse member sponsor: |  |
|---------------------|--|
| sse member sponsor. |  |

|                | Emergency Contact  |                            |        |
|----------------|--|----------------------------|--------|
| Full Name:     |  |                            |        |
| i uli ivallie. | Last First   | Middle                     |        |
| Address:       | Street Address   | Apartment/Unit #           |        |
|                | Street Address   | Apartment Onit #           |        |
| -              | City   | State ZII                  | P Code |
|                |  |                            |        |
|                | References   |                            |        |
| Please list    | two professional references (non-relatives and references wh | no don't reside with you). | '      |
| Full Name:     | Relationship:  |                            |        |
| Company:       |  |                            |        |
|                |  |                            |        |
| Address: _     |  |                            |        |
|                |  |                            |        |
| Full Name:     | Relationship:  |                            |        |
| Company:       |  | Phone: ( )                 |        |
|                |  |                            |        |
| Address        |  |                            |        |
|                | Nagativa Law Enfarance                                       | t Contacto                 |        |
|                | Negative Law Enforcemen                                      | Contacts                   |        |
| Have you be    | een arrested or convicted of a crime? If so, please explain: |                            |        |
|                |  |                            |        |
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|                |  |                            |        |

| Reason for Interest   |  |  |  |  |  |
|---|--|--|--|--|--|
| Why are you interested in joining the Sheriff's Posse?  |  |  |  |  |  |
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| Disability and City of the  |  |  |  |  |  |
| Disclaimer and Signature  |  |  |  |  |  |
| I certify that my answers are true and complete to the best of my knowledge.  |  |  |  |  |  |
| I understand that information submitted in this application will be used by the Sheriff's Office to conduct a criminal                              |  |  |  |  |  |
| background check to which I am voluntarily submitting.  |  |  |  |  |  |
| If this application leads to membership, I understand that false or misleading information in my application or interview may result in my release. |  |  |  |  |  |
| Signature: Date:  |  |  |  |  |  |