

Membership Application

PERSONAL INFORMATION:

Last Name: _____ First Name: _____

Age: _____ SSN: _____ - _____ - _____ Date of Birth: ____/____/____

Home Address: _____ City: _____

Zip Code: _____ Place of Birth: _____

Home Phone: _____ Business Phone: _____

Mobile Phone: _____ Carrier: _____

Other Names Used (aka's): _____

Previous Addresses Last Five Years: _____

Email Address: _____

Graduation date from Collin County Sheriff's Office Citizens Academy: ____/____/____

If not a graduate, is this an application for Associate Membership? _____

CRIMINAL HISTORY AND DRIVING RECORD:

Texas Driver's License Number: _____

Has your license ever been revoked? Yes ___ No ___

Have you ever been convicted of a crime? Yes ___ No ___

If yes, please explain: _____

Traffic citations and accidents for past two years: _____

PERSONAL REFERENCES:

	Name	Phone	Email Address
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____

EDUCATION BACKGROUND and MILITARY EXPERIENCE:

Please indicate highest level of education:

Some High School High School Diploma/Home School Some College
 College Degree Some Graduate Study Graduate Degree

High School Attended: _____

College Attended: _____

Military Service Branch: _____

Rank, if applicable: _____

EMPLOYMENT HISTORY:

Current Employer (if retired, please indicate last employer): _____

Occupation: _____ Start Date: ___/___/___ End Date: ___/___/___

Business Address (including city, state, zip): _____

Previous employment for past five years (name of firm, address, dates):

1) _____

2) _____

3) _____

TELL US ABOUT YOU:

What are your hobbies and interests? _____

Have you volunteered before? If so, what organization(s) and type of activities? _____

Please briefly state why you wish to volunteer your time to the Sheriff's Office (use another sheet if necessary)? [This question must be answered] _____

Do you prefer an office setting or a more active role? Office ____ Patrol ____ Both ____

Do you know any Collin County Volunteer(s) or Employee(s)? If yes, who? _____

EMERGENCY CONTACT INFORMATION:

In case of emergency, please notify:

Name: _____

Address: _____

Relationship: _____

Phone Number (primary): _____ (secondary): _____

TERMS and SIGNATURE:

As a volunteer with the Citizens Assisting Collin County Sheriff's Office (CACCSO), I am willing to furnish information for use in determining my qualifications.

I understand that for security reasons a basic clearance/background check will be conducted and I will be fingerprinted. Further background information will be requested only if a specific volunteer assignment calls for a full security check.

I understand that falsifying statements on this application or during the interview process is cause for my immediate dismissal from the Volunteer Program.

I understand that the CACCSO will not disclose any of my information to any outside entity without my written consent.

I understand that the CACCSO is not required to disclose the reason, if any, for not being selected to the program.

In signing, I do hereby certify that all information contained in this application is correct and accurate to the best of my knowledge. I further authorize the CCSO to verify criminal history and driving records as part of the background process. If accepted to perform volunteer duties for the Collin County Sheriff's Office, understand I may be privy to confidential information and promise to respect and maintain all the confidentiality whenever presented with it.

Signature

Date