



Community Guard

Citizen's Patrol

North Country First Responders

E.L.F. Office Support

Civil Air Patrol



Paul Bunyan Amateur Radio Club



Mounted Posse

VOLUNTEER APPLICATION FORM

(Circle one or more) I am applying for:

Community Guard

Citizens Patrol

Mounted Posse

Paul Bunyan Amateur Radio Club

Civil Air Patrol

North Country First Responders

E.L.F. -Office Volunteers
(Enable Law Enforcement Functionality)

DATE OF APPLICATION: _____ Are you a citizen of the USA? YES () NO ()

NAME: _____ Date of Birth: _____

PHYSICAL ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DRIVERS LICENSE: _____ STATE: _____

EMAIL ADDRESS: _____

PHONE: _____ CELL PHONE: _____

EMPLOYER (present): _____

EMPLOYER PHONE: _____

EMPLOYER ADDRESS: _____

Have you been arrested for an offense other than traffic? YES () NO ()

If yes, WHAT for? _____ WHEN: _____

WHERE: _____

Have you completed the Joint Police/Sheriff's Citizen Academy? YES () NO ()

What training or skills do you possess that you wish to employ as a volunteer for one of our organizations: (i.e. First Responder certificate, radio training, office skills, search and rescue, emergency management background, health certifications, etc):

What past employment have you held that would contribute to your abilities as a volunteer for one of these organizations:

What experience have you had with law enforcement? Postiive () Negative ()

Briefly explain: _____

Briefly list what civic organizations/activities you have been involved in:

List equipment or critters you are proficient at operating: (i.e. computers, type and file, watercraft, ATV's, horses, GPS, heavy equipment operator, airplane, medical equipment, etc)

List person to be contacted in case of an emergency:

Name _____ Address: _____

Phone: _____ Relationship: _____

PERSONAL REFERENCES:

1. _____
NAME, Address and phone number

2. _____
NAME, Address and phone number

3. _____
NAME, Address and phone number

I hereby certify that the information contained in this application is true and complete to the best of my knowledge. You are hereby authorized to complete a criminal history and background check necessary to certify me for membership to the volunteer organizations listed above.

I understand I must be of suitable physical condition to perform the duties required of me as a member of any of the above listed organizations, and that I will notify the organization if my health status changes.

I understand that this does not qualify me to perform the duties of a licensed peace officer nor represent myself as such.

_____ DATE: _____
Signature (applicant)

Return completed applications to:
Beryl Wernberg, Emergency Management Director
Beltrami County Sheriff's Office
613 Minnesota Ave NW
Bemidji, MN 56601
218-333-8320 or fax 218-755-9322

Questions can be directed to: beryl.wernberg@co.beltrami.mn.us