



Application Form

Las Animas County Mounted Rescue Posse/Search and Rescue



Personal Information:

Full Name: _____ **Date:** _____

Home Address: _____

Mailing Address: _____

Email Address: _____ **Drivers License #:** _____ **State:** _____

SSN: ____ - ____ - ____ **Date of Birth:** ____ / ____ / ____ **Place of Birth:** _____

Phone Numbers: Home () _____ **Work ()** _____ **Cell # ()** _____

Married: Yes: ____ **No:** ____ **Height:** ____ **Weight:** ____ **Hair:** ____ **Eyes:** ____

Current Employer: _____

Education: _____

In Case of Emergency Contact:

(Name)	(Address)	(Phone)	(Relationship)

Health:

Physical Condition: Excellent: ____ **Good:** ____ **Fair:** ____ **Poor:** ____

Limiting Physical or Mental Conditions: _____

Are you on any Medication: Yes: ____ **No:** ____ **If so, What and Condition:** _____

Information:

Have you ever been convicted of a Felony, Assault or Domestic Violence? Yes: _____ No: _____

If so: What and When: _____

Foreign Languages: Yes: _____ No: _____ If so, Please List: _____

List all previous experience and qualifications relevant to this application: _____

List equipment you own or have available to you: _____

List equipment you own or have available to you:

Horse: _____
(Name) (Age) (Sex)

Disclaimer:

I Fully understand Las Animas County Mounted Patrol/Search and Rescue is a volunteer and non-profit organization. Las Animas County Mounted Patrol/Search and Rescue has my permission to do F.B.I. and police background checks on me. Furthermore, I fully understand that any willful misrepresentation or falsification of any information contained on this application may be grounds for refusal of the application or immediate dismissal from Las Animas County Mounted Patrol/Search and Rescue.

Signature of Applicant

Date

.....
For Official Use Only

Background Checks: _____ Unit Commander Initials: _____

Application Approved: _____ Disapproved: _____

Member Accepted: _____ Date: _____ Not Accepted: _____ Date: _____