



Jackson County Sheriff's Office

POSSE

Volunteer Enrollment

Please Print		Date of Application:	
General Information:			
Name:		E-Mail Address:	
Address:		City:	State: ZIP:
Telephone (Home): ()	Telephone (Cell): ()	Telephone (Work): ()	
Volunteer Status:			
This volunteer position requires a police background and driver's license check.			
Driver's License Number:	State:	Expiration Date:	Social Security Number:
Other Family Members that Volunteer: _____			
Skills and Interests (Please use a separate sheet if necessary.)			
Educational Background: _____			
Skills and Abilities: _____			
Hobbies and Special Interests: _____			
Previous Volunteer Experience: _____			
For Statistical Report and Grant Purposes:			
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race:	
In Case of Emergency:			
Name:		Relationship:	
Address:		City:	State: ZIP:

Telephone (Home): ()	Telephone (Cell): ()	Telephone (Work): ()
Medical Information (Optional):		
Should something happen and you want us to call <u>your</u> physician, we need to know his/her name and telephone number. Posse members are covered by Worker's Compensation and by Jackson County Liability Insurance in case of injury incurred while working for the Jackson County Sheriff's Office.		
Name of Physician:	Telephone: ()	
Personal or Professional References (Please list two, excluding relatives):		
Name:	Telephone: ()	Relationship:
Address:	City:	State: Zip:
Name:	Telephone: ()	Relationship:
Address:	City:	State: Zip:
What days and times are you available to volunteer?		
Do you have transportation to and from the volunteer site? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employment Information:		
Employer:	Title:	Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Address:	City:	State: Zip:
Does your employer match your volunteer contribution or offer incentives to volunteer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Signature and approval for background check:		
The information on this enrollment form is accurate and correct to the best of my knowledge.		
Name:	Date:	
Your signature indicates your approval for us to check references. This volunteer position requires a police background and driver's license check.		

Please remit form to:
Jackson County Sheriff's Office
Attn: Ed Adams, Captain
Mounted Posse
4001 N.E. Lakewood Court
Lee's Summit, MO 64064

Or email to:
eadams2@outlook.com