Bates County Sheriff's Posse

Member Form

Return to Sheriff's Office attn: Sheriff Anderson

Full Name			
Mailing/Street Address			
City, State, Zip			
Cell Phone Number	( ) -	Text ok? Y N	
Email Address			
Alternate Phone Number	( ) -	Text ok? Y N	
Emergency Contact Name		Relationship	
Emergency Contact Phone	( ) -		
Emergency Medical (allergies, conditions, etc. Will be kept private)			
Employer			
Employer Address			
Employer Phone			
Supervisor Name			
Skills / Training / Certifications (provide copies of any certificates)			
CPR/First Aid Certified			
Emergency Medical			
Red Cross Certifications			
Search & Rescue			
Mounted Posse			
Weapon Certifications			
Other (please describe)			
Background Check Information needed (Will be kept private)	SSN:_____ DOB: _____ Provide copy of driver's license		
Your signature authorizes the Bates County Sheriff's Dept to process a Background Check:	Sign here: _____ Print Name:_____		
Background Check last completed date:			