

**THURSTON COUNTY SHERIFF'S OFFICE  
CAREER BRIEFING TOUR**

NAME: \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_  
          Last           First           Middle Initial

ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Ht: \_\_\_\_\_ Wt: \_\_\_\_\_ Eyes: \_\_\_\_\_ Race: \_\_\_\_\_ Last Driver's License issued in \_\_\_\_\_ State

Phone: \_\_\_\_\_  
(Home) (Work) (Message)

Employer: \_\_\_\_\_ and/or School: \_\_\_\_\_

Reason for Career Briefing Tour request: \_\_\_\_\_

Shift preference for tour (circle one)  
(0900-1000) (1000 -1100) (1300-1400)  
(1430-1500) (1600-1500) Any Shift  
**Tours may last 1 to 2 hours**

Have you ever been convicted of a criminal offense? Yes No If yes, please explain:

\_\_\_\_\_

**All visitors will be properly attired with care given to personal hygiene. Shorts (any style), torn jeans, tank tops, baseball caps, open toed/heel footwear, or poor hygiene will not be acceptable.**  
*When, in the deputy's judgement, it is appropriate to terminate the visitor's participation in a particular deputy activity, the deputy has the following options:*  
 Upon receiving a call, the deputy may direct the visitor to remain in a secured area.  
 Upon receiving and responding to an emergency dangerous in nature, the deputy may direct visitor to a safe location.

**IF THIS REQUEST IS APPROVED, YOU WILL BE CONTACTED ABOUT 72 HOURS PRIOR TO YOUR ASSIGNED DATE.**

**BY SIGNING THIS DOCUMENT, YOU ARE CONSENTING TO, AND AUTHORIZING THE THURSTON COUNTY SHERIFF'S OFFICE TO CONDUCT A COMPLETE CHECK OF YOUR CRIMINAL HISTORY:**

Signature \_\_\_\_\_ Date \_\_\_\_\_

COURT (JIS)  
DRIVER/CHECK WANTS (DW)  
DSSI (TCSO COMPUTER)  
WACIC/NCIC (III)  
JUVENILE CHECKS  
NCICIII (QH-QR)  
CHECKED BY DATE  
APPROVED BY DATE

Scheduled tour: DATE: \_\_\_\_\_ Deputy: \_\_\_\_\_

Completed tour: DATE: \_\_\_\_\_ Deputy: \_\_\_\_\_

**Return to: Thurston County Sheriff's Office, 2000 Lakeridge Dr. SW, Olympia WA 98502**