

THURSTON COUNTY SHERIFF'S OFFICE

AUXILIARY APPLICATION

NOTE: All information requested below is mandatory. Incomplete applications will not be considered.
Return Completed Form To: Thurston County Sheriff's Office, 2000 Lakeridge Dr. SW, Olympia WA 98502

APPLICANT TYPE				
VOLUNTEER <input type="checkbox"/> Community Service Unit <input type="checkbox"/> Chaplain <input type="checkbox"/> Search and Rescue <input type="checkbox"/> Office/General/Intern <input type="checkbox"/> Other: _____	SPECIAL COMMISSION <input type="checkbox"/> Court Security <input type="checkbox"/> State Agency <input type="checkbox"/> County Agency <input type="checkbox"/> Other: _____	OTHER <input type="checkbox"/> Reserve Deputy <input type="checkbox"/> Citizens Academy <input type="checkbox"/> Vendor BUSINESS NAME: _____ <input type="checkbox"/> Career Workshop Event: _____		
Name (Last, First, Middle):				
Other names by which you have been known (for example: maiden name)				
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race:		
Place of Birth:		Social Security Number:		
Height:	Weight:	Hair Color:	Eye Color:	
WA Driver's License Number:		Expiration Date:		
Address:		City:	State:	Zip:
Years at Above Address:	Home Phone:	Work Phone:		
Email Address:		Cell Phone:		
Emergency Contact Name:		Emergency Contact Phone:		
<u>Education</u>				
High School Year:	GED:	College:		
Have you ever been convicted of a felony, gross misdemeanor, or misdemeanor, other than a minor traffic offense? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please explain: _____				
Do you have any physical limitations which would preclude you from performing any phase of volunteer work? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please explain: _____				

Please list all law enforcement experience and/or training:

Dates	Department	Locations	Training

List your employment for the last ten (10) years:

Dates	Employer & Address	Position

Three personal references – if possible please use Thurston County residents who have known you for at least one (1) year.

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Explain why you want a commission:

INTERN APPLICANTS ONLY:

College/University Attending: _____			
Internship Session Desired: (<i>circle one</i>) Fall 20____ Winter/Spring 20____ Summer 20____			
Classification at Completion of Internship Session: (<i>check one</i>) Senior Undergraduate			
Major(s):			
Overall Cumulative GPA:		GPA in Major:	
Total Number of Credit Hours Completed:	Quarter Hours		Semester Hours

CHAPLAIN APPLICANTS ONLY:

Date of Ordination: _____ Name of Ordaining Council: _____

Local Church Affiliation: _____ Position: _____

Duties: _____

I swear or affirm that the information contained herein is the truth to the best of my knowledge and belief, and herewith give my consent for the Thurston County Sheriff's Office to conduct a complete check of my criminal history for the purpose of ascertaining the accuracy of any of the information contained in this form.

Signature: _____ Date: _____

(Office use only)	
COURT (JIS): _____	DSSI (TCSO COMPUTER): _____
JUVENILE CHECKS: _____	NCICIII (QH-QR): _____
DRIVERS/CHECK WANTS (DW): _____	
CHECKED BY: _____	DATE: _____
APPROVED BY: _____	DATE: _____