

JIMMY HARRIS



DEKALB COUNTY

DeKalb County Sheriff's Mounted Unit Membership Application

Personal Information:

- Name:** (please print)
Last Name: _____ First Name: _____ MI: _____
Nickname or any other name known as: _____
- Address:** _____
City: _____ State: _____ Zip: _____
How long have you lived at your present address? _____
How long have you lived in DeKalb County? _____
- Telephone No.:** (Home) _____ (Work) _____
- Date of Birth:** _____ **Place of Birth:** _____
- Driver License No.:** _____ **Social Security No.:** _____
- Physical Description:**
Height: _____ ft. _____ in. Weight: _____ Eye Color: _____ Hair Color: _____
- Have you ever been convicted of a felony or misdemeanor?** _____
- Occupation /Place of employment:** _____
Job Description: _____
May we contact your employer? _____
May we check your credit? _____
- Family Status:**
Spouse Name: _____ Spouse Occupation: _____
- Training and Education:**
High School attended: _____ Location: _____
Year of graduation (or last date attended): _____
College attended: _____
Year of graduation (or last date attended): _____
Degree: _____
Other training: _____

Horse Information

11. **Breed of Horse:** _____ Sex: Stallion ___ Mare ___ Gelding ___
12. Do you own, **or have access to**, a horse trailer for transporting your horse to unit events? _____
13. Do you have any special skills or talents which you feel will be beneficial to the Unit? _____ Please list/describe: _____
14. Are you willing to participate in parades and other public exhibitions? _____
15. Are you willing to be called out in the event of an emergency (lost person, downed plane, or any other situation where horses could be beneficial)? _____
16. Are you willing to meet with the Unit at least once a month? _____

References:

1. Name: _____ Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Occupation: _____
2. Name: _____ Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Occupation: _____
3. Name: _____ Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Occupation: _____

Signature _____ **Date** _____

Approved _____ **Date** _____

NO DRUGS OR ALCOHOL WILL BE ALLOWED!