



## Benton / Franklin County Sheriff Posse Application

Once you have completed this application, **please email it to Undersheriff Monty Huber at [mhuber@franklincountywa.gov](mailto:mhuber@franklincountywa.gov)**. You will be contacted once the application has been reviewed

Volunteers can expect the need to make themselves available for required trainings. These training requirements will be determined by the specialty unit to which the volunteer is assigned.

**APPLICANT'S NAME:** \_\_\_\_\_

**IMPORTANT:** Please Read the Instructions Carefully

All questions **MUST** be answered, and the applicant **MUST** be the person completing this form. This information will be used as a basis for an investigation of your background, and must be honestly and accurately reported. Failing to disclose information will result in an automatic application rejection.

I agree to the following:

By checking the "I AGREE" box below, I certify that I have read the **IMPORTANT** information above, and that all the information I have entered on this form is true and correct to the best of my knowledge. I also authorize the Benton or Franklin County Sheriff's Office to conduct a background check (investigation) and a driver's license check.

I agree

**PERSONAL INFORMATION**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex: \_\_\_\_\_ SSN: \_\_\_\_\_

Aliases: \_\_\_\_\_

Driver's License # \_\_\_\_\_ DL State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Cell Provider: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relation to Volunteer \_\_\_\_\_ Emergency Contact Phone # \_\_\_\_\_

**Volunteer Time:**

Hours per month able to volunteer: \_\_\_\_\_

Time of day available for assignments: \_\_\_\_\_

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please list below any training or professional experience you have that pertains to search & rescue (i.e. nurse, pilot, CPR, scuba, etc.). Also list if you own and are willing to operate your own boat, ATV, aircraft, or other equipment to assist with search & rescue operations. Please include any languages you speak.

**List all law enforcement contacts below. Include all collisions, tickets, arrests, and reports given to police. Provide year, city, county and state where these contacts occurred.**