

LANE COUNTY SHERIFF'S OFFICE MOUNTED POSSE



PERSONAL INFORMATION FORM

NAME: _____
Last, First Middle

ADDRESS: _____
Street City State Zip

AGE: _____ PHONE: _____

E-MAIL: _____

EMPLOYMENT/SCHOOL: _____

PARENT/SPOUSE: _____

EMERGENCY CONTACT PHONE: _____

HORSE NAME: _____ BREED: _____

AGE: _____ HEIGHT: _____ BOARDED: _____

WHY DO YOU WANT TO JOIN THE LANE COUNTY SHERIFF'S OFFICE POSSE/AUXILLARY:

DO YOU KNOW A LCSOMP MEMBER? IF SO, WHO: _____

DO YOU KNOW A MEMBER OF THE SHERIFF'S OFFICE? IF SO, WHO: _____

HOW DID YOU HEAR ABOUT THE LCSO MOUNTED POSSE: _____

HOW LONG HAVE YOU OWNED A HORSE: _____

WHAT IS YOUR EXPIERIENCE RIDING HORSES AND FOR HOW LONG: _____

PLEASE RATE YOUR OWN RIDING ABILITY: _____
(Beginner, Intermediate, Advanced?)

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PERSONAL INFORMATION FORM

ARE (OR WERE) YOU A MEMBER OF ANY OTHER EQUESTRIAN GROUP (YES/NO)? _____

IF YES, WHICH GROUP? _____

INVOLVED FOR HOW LONG? _____ SUPERVISOR'S NAME: _____

SUPERVISORS/LEADERS NUMBER: _____

DOES YOUR FAMILY ALSO RIDE? _____ CAN YOU TRANSPORT YOUR HORSE? _____

IF SELECTED, WHAT CAN YOU BRING TO THE LANE COUNTY SHERIFF'S MOUNTED POSSE?

WHAT ARE YOUR EXPECTATIONS IN JOINING THE LANE COUNTY SHERIFF'S MOUNTED POSSE?

ANY ADDITIONAL INFORMATION NOT OTHERWISE COVERED IN THE QUESTIONNAIRE:

<p>Received by: _____ (LCSOMP MEMBER)</p> <p>Mentor Assigned: _____ (LCSOMP MEMBER)</p> <p>Date: _____ Time: _____</p>
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