



## NAVJO COUNTY SHERIFF'S OFFICE AUXILIARY VOLUNTEER APPLICATION

Date of application: \_\_\_\_\_ Area you would prefer to be a part of: \_\_\_\_\_  
 First name: \_\_\_\_\_ Last name: \_\_\_\_\_  
 Social Security #: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
 Physical address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Email address: \_\_\_\_\_  
 Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye color: \_\_\_\_\_ Hair color: \_\_\_\_\_

**Questionnaire:**

- A. As an adult, have you ever been arrested, charged or convicted of any  Yes  No  
 B. If yes, give the details for each arrest or charge including original charge, final charge, date,

**Education:**

High school graduate?  Yes  No      College/University?  Yes  No  
 G.E.D.?  Yes  No      If yes, Major/Degree? \_\_\_\_\_  
 Specialized training?  Yes  No      If yes, explain: \_\_\_\_\_

**Work:**

Current or last employer: \_\_\_\_\_ Date from & to: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Position held: \_\_\_\_\_ Tasks performed: \_\_\_\_\_

**Interest:**

How did you hear about us? \_\_\_\_\_  
 Who referred you to this organization? \_\_\_\_\_  
 What field are you interested in? (mark all that apply):  
 Crime prevention  Patrol  Communications  Administration  Other  SAR

**Person to notify in case of an emergency:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Physical address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Please provide any emergency medical problems that may arise during training:

Physicians name: \_\_\_\_\_ Phone: \_\_\_\_\_

I hereby certify that all the statements in this application are true and correct to the best of my knowledge. I further agree and understand that any misstatements or omissions of material facts herein will cause forfeiture on my part of all rights as a volunteer with the Navajo County Sheriff's Office.

Signature \_\_\_\_\_ Print name \_\_\_\_\_ Date \_\_\_\_\_



**Navajo County Sheriff's Office**

P.O. Box 668

Holbrook, AZ 86025-0668

(928) 524-4300

**Authorization**

I, \_\_\_\_\_, an applicant for the position of Sheriff's Auxiliary Volunteer of Navajo County with the Navajo County Sheriff's Office, do hereby authorize the release of information concerning my employment, medical or financial history as it relates to my application for employment or volunteer service.

I hereby release from liability and promise to hold harmless, under any and all possible causes of legal action, any and all persons or entities who shall furnish any information or opinions to the officers, agents or employees of the department who conduct my background investigation.

I understand the results of my background investigation are confidential and not available for my examination or for release to any authority.

State of Arizona                     )  
   )  
County of \_\_\_\_\_            )

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, before me personally  
(Day)   (Month)   (Year)

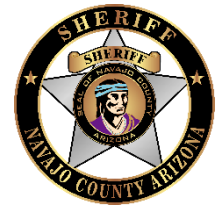
appeared \_\_\_\_\_, whose identity was proven  
(Name of Signer)

to me on the basis of satisfactory evidence to be the person who he or she claims to be, and acknowledged that he or she signed the above above/attached document.

(seal)

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_



# MEDIA RELEASE FORM

I \_\_\_\_\_, grant permission to SHERIFF'S AUXILIARY VOLUNTEERS OF NAVAJO COUNTY, AZ herein after known as the "Media" to use my image (photographs, videos and audio) for use in Media Publications including:

*(Check all that apply. By checking none it is assumed you agree with all)*

- |  |   |
|--|---|
| <input type="checkbox"/> ALL CATEGORIES                            | <input type="checkbox"/> Any Print Media      |
| <input type="checkbox"/> Photographs                               | <input type="checkbox"/> Newsletters          |
| <input type="checkbox"/> Videos and/or Audio                       | <input type="checkbox"/> Magazines            |
| <input type="checkbox"/> Emails                                    | <input type="checkbox"/> General Publications |
| <input type="checkbox"/> Brochures and/or Literature               | <input type="checkbox"/> Digital Media        |
| <input type="checkbox"/> Websites and/or Social Media (Affiliates) | <input type="checkbox"/> Other _____          |

I hereby waive any right to inspect or approve the finished photographs or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I wait any right to royalties or other compensation arising from or related to the use of the image.

*Please initial the paragraph below which is applicable to your present situation*

(initial) \_\_\_\_\_ I am 20 years of age or older and I am competent to contract in my own name. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

(initial) \_\_\_\_\_ I am the parent or legal guardian of the below names child. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release<sup>4</sup> by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

## Acknowledgment Below:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Parent or Legal Guardian Signature  
*(If under 20 years of age)*

\_\_\_\_\_  
Telephone