



## Middlesex County Deputy Sheriff's Association

35 Center Street Burlington, MA. 01803

Richard R. Redican  
President

Anthony Iovanna  
Vice President

To: Our New Applicant

Thank you for your interest with wanting to join the Middlesex County Deputy Sheriff's Association as a Reserve Deputy. The attached application MUST be filled out entirely, signed in both locations and returned to our office with a color copy of a valid driver's license or other State/Federal ID that has your picture and current address.

Please call our office if you have any questions.

Respectfully,

*Richard R. Redican*

Richard R. Redican

President

Office phone 781-993-9250

Website: [www.mcDSA.net](http://www.mcDSA.net)

MIDDLE NAME

FIRST NAME

LAST NAME

# Middlesex County Deputy Sheriff's Association

35 Center Street Burlington, MA 01803

Phone (781) 993-9250

Website: [www.mcDSA.net](http://www.mcDSA.net)



**RICHARD R. REDICAN - PRESIDENT**

**ANTHONY R. IOVANNA - VICE PRESIDENT**

Thank you for your interest in the Middlesex County Deputy Sheriff's Association. As you may know, MCDSA was founded over thirty years ago and is a charitable organization that has donated thousands of dollar to hundreds of worthy charitable groups and organizations throughout Middlesex County. This in not a law enforcement position and you will not be considered to be employed by the Middlesex Sheriff's Office. This is a charitable organization which depends on volunteers for the various functions held during the year throughout Middlesex County.

## TO APPLY TO BE A MEMBER:

- ◆ Read each question and answer carefully to avoid making any false statements
- ◆ Be sure to sign both sections on the last page
- ◆ Mail the completed application, along with a color copy of a valid driver's license or official State/Federal ID with your picture and current address on it to: The Middlesex County Deputy Sheriff's Association 35 Center Street Burlington, MA 01803. *Note: do not send money with your application*
- ◆ The MCDSA Executive Board will review your application and notify you if you are approved to join or not. If your application is favorably considered, we will provide specific instructions concerning the appointment process which includes coordinating a date and time to come into our office for an in-person interview
- ◆ At the time of your approval you will be required to pay a \$145.00 membership fee, and an official membership identification card will be mailed to you. This is not your Reserve Deputy ID, you will receive that when you are sworn in by the High Sheriff in May. You will receive more details regarding the swearing in ceremony via email. *Note: These ID cards will always remain the property of the Middlesex County Deputy Sheriff's Association and must be immediately surrendered back to this office if requested*

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**\*\*\*PLEASE PRINT CLEARLY BELOW\*\*\***

**NAME:** LAST: \_\_\_\_\_ FIRST: \_\_\_\_\_ MIDDLE INITIAL: \_\_\_\_\_

**CIRCLE ONE OF THE FOLLOWING:** MALE / FEMALE

**ARE YOU A UNITED STATES CITIZEN?:** YES / NO

**PHYSICAL ADDRESS ONLY - NO POST OFFICE BOX WILL BE ACCEPTED:**

STREET: \_\_\_\_\_

CITY/TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ COUNTY: \_\_\_\_\_

**MAILING ADDRESS (IF DIFFERENT):**

STREET: \_\_\_\_\_

CITY/TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ COUNTY: \_\_\_\_\_

**CELL PHONE NUMBER:** \_\_\_\_\_ **OTHER PHONE NUMBER:** \_\_\_\_\_

**EMAIL ADDRESS** (Please Print Clearly): \_\_\_\_\_

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_/\_\_\_\_/\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_ HAIR COLOR: \_\_\_\_\_  
EMPLOYER: \_\_\_\_\_ POSITION: \_\_\_\_\_  
EMPLOYER'S STREET ADDRESS: \_\_\_\_\_  
CITY/TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ COUNTY: \_\_\_\_\_  
NAME OF SUPERVISOR: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

**EDUCATION INFORMATION: PLEASE LIST BELOW ALL SCHOOLS ATTENDED BEFORE AND AFTER THE AGE 18**

ELEMENTARY SCHOOL: \_\_\_\_\_ CITY/TOWN: \_\_\_\_\_  
JUNIOR HIGH: \_\_\_\_\_ CITY/TOWN: \_\_\_\_\_  
HIGH SCHOOL: \_\_\_\_\_ CITY/TOWN: \_\_\_\_\_  
COLLEGE: \_\_\_\_\_ CITY/TOWN: \_\_\_\_\_

If you graduated with a degree. What degree did you obtain?: \_\_\_\_\_

**MILITARY INFORMATION (if applicable)**

BRANCH OF SERVICE: \_\_\_\_\_ SERVICE NUMBER: \_\_\_\_\_  
DATE YOU ENTERED THE MILITARY: \_\_\_\_\_ DATE YOU WERE DISCHARGED: \_\_\_\_\_  
RANK UPON DISCHARGE: \_\_\_\_\_ \*TYPE OF DISCHARGE: \_\_\_\_\_

\* If you were discharged other than honorable, please explain on a separate sheet of paper any pertinent data and/or explanation

**PLEASE EXPLAIN BELOW WHY YOU WOULD LIKE TO BECOME A MEMBER OF THE MIDDLESEX COUNTY DEPUTY SHERIFF'S ASSOCIATION:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**HAVE YOU EVER BEEN CHARGED WITH ANY CRIMINAL VIOLATIONS? \*YES / NO**

\* If you answered yes, please explain on a separate sheet of paper any pertinent data and/or explanation

**BENEFICIARY INFORMATION FOR THE \$7,500 ADD INSURANCE POLICY:**

BENEFICIARY NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

**REFERENCES:** (NOT PREVIOUS EMPLOYERS OR RELATIVES) The following certificate must be signed by THREE persons, of whom one must be a LAW ENFORCEMENT OFFICIAL AND/OR CURRENT MEMBER OF THE MIDDLESEX COUNTY DEPUTY SHERIFF'S ASSOCIATION in good standing. We the undersigned, certify under pains and penalties of perjury that the applicant (1) is known to each of us; (2) is of high standing.

**Reference #1 Name:** \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

**Reference #2 Name:** \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

**Reference #3 Name:** \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

**AUTHORIZATION FOR RELEASE OF SPECIAL INFORMATION IN CONNECTION WITH APPLICATION  
FOR APPOINTMENT AS A RESERVE DEPUTY SHERIFF.**

The subject matter of this authorization is for the purpose of providing full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide data for the Sheriff of Middlesex County, Massachusetts, to consider in determining my suitability for an appointment as a Reserve Deputy Sheriff. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be. I understand that any information obtained by this investigation, subject to this authorization will be considered in determining my suitability to and in the desired position by the Sheriff of Middlesex County, Massachusetts. I have had explained to me and I fully understand that the refusal to grant this authorization will not, of itself constitute a basis for rejection of my application. A photocopy of the authorization and release will be valid as original hereof, even though the said photocopy does not contain an original writing of my signature.

Applicant's signature: \_\_\_\_\_

Last 4 digits of Social Security Number: \_\_\_\_ \_ Date of Birth: \_\_\_\_\_

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***IMPORTANT!! BY SIGNING BELOW YOU CERTIFY THAT THE STATEMENTS MADE HEREIN AND OTHER INFORMATION GIVEN BY YOU PURSUANT TO YOU BECOMING A RESERVE DEPUTY SHERIFF ARE TRUE, COMPLETE AND CORRECT AND ARE MADE IN GOOD FAITH. YOU ACKNOWLEDGE THAT ANY FALSE STATEMENT IN THIS APPLICATION WILL BE CAUSE FOR REVOCATION OF THIS APPOINTMENT.***

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**FOR OFFICIAL USE ONLY: BOP CHECK COMPLETE**

**APPROVED: \_\_\_\_\_ DENIED \_\_\_\_\_ PENDING FURTHER REVIEW:**

**ADDITIONAL COMMENTS:**

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