



## THURSTON COUNTY SHERIFF'S OFFICE AUXILIARY APPLICATION

*NOTE: All information requested below is mandatory. Incomplete applications will not be considered.*  
**Return Completed Form To: Thurston County Sheriff's Office, 2000 Lakeridge Dr. SW, Olympia WA 98502**

APPLICANT TYPE			
<p style="text-align: center;"><b>VOLUNTEER</b></p> <input type="checkbox"/> Community Service Unit <input type="checkbox"/> Chaplain <input type="checkbox"/> Mounted Patrol <input type="checkbox"/> Search and Rescue <input type="checkbox"/> Other: _____	<p style="text-align: center;"><b>SPECIAL COMMISSION</b></p> <input type="checkbox"/> Court Security <input type="checkbox"/> State Agency <input type="checkbox"/> County Agency <input type="checkbox"/> Other: _____	<p style="text-align: center;"><b>OTHER</b></p> <input type="checkbox"/> RESERVE DEPUTY <input type="checkbox"/> CITIZENS ACADEMY <input type="checkbox"/> VENDOR BUSINESS NAME: _____	
Name (Last, First, Middle):			
Other names by which you have been known (for example: maiden name)			
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race:	
Place of Birth:		Social Security Number:	
Height:	Weight:	Hair Color:	Eye Color:
WA Driver's License Number:		Expiration Date:	
Address:		City:	State:    Zip:
Years at Above Address:	Home Phone:	Work Phone:	
Email Address:		Cell Phone:	
Emergency Contact Name:		Emergency Contact Phone:	
<u>Education</u>			
High School Year:	GED:	College:	
Have you ever been convicted of a felony, gross misdemeanor, or misdemeanor, other than a minor traffic offense? <input type="checkbox"/> No <input type="checkbox"/> Yes    If yes, please explain: _____			
Do you have any physical problems which would preclude you from performing any phase of volunteer work? <input type="checkbox"/> No <input type="checkbox"/> Yes    If yes, please explain: _____			

Please list all civic, service or fraternal clubs or organizations which you now belong or have belonged to in the last five years:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Please list hobbies or any activity which you have an interest in plus any special skills which you may have:

Please list all law enforcement experience and/or training:

Dates	Department	Locations	Training

List your employment for the last ten (10) years:

Dates	Employer & Address	Position

Three personal references – if possible please use Thurston County residents who have known you for at least one (1) year.

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

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

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

Explain why you want a commission:

**CHAPLAIN APPLICANTS ONLY:**

Date of Ordination: \_\_\_\_\_ Name of Ordaining Council: \_\_\_\_\_

Local Church Affiliation: \_\_\_\_\_ Position: \_\_\_\_\_

Duties: \_\_\_\_\_

**I swear or affirm that the information contained herein is the truth to the best of my knowledge and belief, and herewith give my consent for the Thurston County Sheriff's Office to conduct a complete check of my criminal history for the purpose of ascertaining the accuracy of any of the information contained in this form.**

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

Date: \_\_\_\_\_

<i>(Office use only)</i>	
COURT (JIS): _____	DSSI (TCSO COMPUTER): _____
JUVENILE CHECKS: _____	NCICIII (QH-QR): _____
DRIVERS/CHECK WANTS (DW): _____	
CHECKED BY: _____	DATE: _____
APPROVED BY: _____	DATE: _____