

WALKER COUNTY SHERIFF'S DEPARTMENT

Volunteers Applicant Data

All applications must be completed and returned to the Sheriff's Office in order to be considered.

NAME (LAST, FIRST, MIDDLE)	DATE OF BIRTH	DATE OF APPLICATION
MAILING ADDRESS	ZIP CODE	HOME PHONE
HOME ADDRESS	COUNTY OF RESIDENCE	
PLACE OF EMPLOYMENT	OCCUPATION	WORK PHONE
MEMBERSHIPS IN COMMUNITY GROUPS, CIVIC ORGANIZATIONS, ETC.		
HOW DID YOU HEAR ABOUT THE SHERIFF'S VOLUNTEER PROGRAM?		
WHAT IS YOUR OBJECTIVE IN ENROLLING IN THE WALKER COUNTY SHERIFF'S VOLUNTEER PROGRAM AND WHY SHOULD YOU BE CONSIDERED FOR THE PROGRAM.		

If you are accepted as a volunteer, you will receive instructions and educational materials related to the law enforcement mission of Walker County Sheriff's Office. As such, some of the material presented will be privileged, or confidential, in nature. Due to the sensitivity of this information, it is necessary for the Walker County Sheriff's Office to conduct background checks to determine the suitability of those persons desiring to apply. Please answer the following questions accurately and completely as possible. Any intentional misrepresentation or omission of facts will be grounds for denial of admission to the program. A criminal history check will be made on all persons enrolling in the Walker County Sheriff's Volunteer Program.

DRIVER'S LICENSE, STATE AND NUMBER	SOCIAL SECURITY
DO YOU GO BY ANY OTHER NAMES OR ALIASES NOW OR HAVE YOU IN THE PAST? IF YES, EXPLAIN (Do NOT include maiden name unless used in past 5 years) YES NO	
ARE YOU A MEMBER OF, OR HAVE YOU EVER AFFILIATED WITH A LAW ENFORCEMENT AGENCY ? IF YES, EXPLAIN. YES NO	
HAVE YOU LIVED OUTSIDE THE UNITED STATES (OR IT'S TERRITORIES) IN EXCESS OF 90 DAYS ? IF YES, EXPLAIN: (DO NOT INCLUDE MILITARY SERVICE OVERSEAS) YES NO	
HAVE YOU EVER BEEN CONVICTED OF A FELONY OR ARE YOU CURRENTLY ON PROBATION/PAROLE FOR ANY OFFENSE? IF YES, EXPLAIN: YES NO	
NAME AND TELEPHONE NUMBER OR PERSON TO CONTACT IN AN EMERGENCY	RELATIONSHIP

APPLICANT MUST COMPLETE THE FOLLOWING:

I, _____ hereby acknowledge that I have completed the above application completely and accurately to the best of my knowledge. I also acknowledge that the Walker County Sheriff's Office will be conducting a background investigation on me to determine my suitability for admission to this program. Permission is hereby granted to conduct a background investigation based on the information given in this application.

Signature of Applicant _____ Date _____

Mail your completed application to:
Walker County
Sheriff's Department
 717 FM 2821 Suite 500
 Huntsville, Texas 77320

For questions, phone or bring it in person to:
Sgt. Keith DeHart
 936-435-2400-Phone
 936-435-2440-Fax