



## GEM COUNTY SHERIFF'S POSSE APPLICATION FOR MEMBERSHIP



Date\_\_\_\_\_

Name\_\_\_\_\_ DOB\_\_\_/\_\_\_/\_\_\_

Driver's License #/State\_\_\_\_\_ SSN\_\_\_-\_\_\_-\_\_\_

Mailing Address\_\_\_\_\_

Physical Address if different\_\_\_\_\_

E-Mail Address\_\_\_\_\_ How Long Resident in Gem Co\_\_\_\_\_

Home Phone\_\_\_\_\_ Work\_\_\_\_\_ Cell\_\_\_\_\_

Employer\_\_\_\_\_ Occupation\_\_\_\_\_

Height\_\_\_\_\_ Weight\_\_\_\_\_ Hair \_\_\_\_\_ Eye Color\_\_\_\_\_

U.S. Citizen? Yes\_\_\_ No\_\_\_

Describe any military or other training relevant to assisting Gem County Sheriff's  
Department and Search and Rescue \_\_\_\_\_

Have you ever been convicted of any criminal offense or do you have any criminal  
charges pending? If yes, give dates and details. \_\_\_\_\_

Have you used illegal drugs in the past five years? If yes, please explain:  
\_\_\_\_\_

Do you own a mule/horse, tack and transport for stock? \_\_\_\_\_

Do you own a 4WD vehicle? \_\_\_\_\_

Do you own an ATV, snowmobile, and/or boat? \_\_\_\_\_

List 2 references that we may contact. Do not include anyone related to you.

Name	Address	State	Telephone
			( )
			( )

List 2 previous employers that we may contact.

Name	Address	State	Telephone
			( )
			( )

**Duty of Members** The purpose of this volunteer organization is to provide emergency support, assistance, community service, and search and rescue as directed by the Sheriff of Gem County. In order to fulfill our purpose, it shall be the duty of every member of the Gem County Sheriff's Posse (GCSP) to make every effort to be available when called out for an emergency, participate in the training needed to keep themselves prepared, and to conduct themselves at all times in a professional manner.

All members eligible for callouts shall carry a current CPR and first aid card and shall have completed the necessary training needed for an emergency response or be teamed with a trained member before they can be called to the field for an emergency. Training will be provided and/or organized by the GCSP. Members must remain current with training by participation in an adequate number of GCSP training sessions as determined by the Executive Committee.

One-time initial membership fees are \$100 and \$20 dues every year thereafter. Members hereby agree that upon termination of membership in accordance with the bylaws that he/she will turn over all GCSP issued or purchased items to include, but not limited to the following; Badge, Sheriff's Posse ID Card, radios & chargers, shirt patches, jacket, vest, polo shirt, cap and any other GCSP logo wearing apparel. All such items will be returned without monetary reimbursement to the former member, Removal of all decals from vehicles and other property will be done immediately.

Are you willing and able to accept the duties of a Posse member? Yes\_\_\_ No\_\_\_

By my signature below, I certify that the information provided by me in this application for the Gem County Sheriff's Posse is true and complete to the best of my knowledge. I understand that if I am accepted into the GCSP, any false statements will be considered as cause for my dismissal. You are hereby authorized to conduct an investigation of my personal history including matters of a privileged or confidential nature, and I hereby release you from liability or damage which may result from such release and investigation.

Applicant Signature\_\_\_\_\_ Date\_\_\_\_\_

Please mail Application to, Gem County Sheriff Posse ,P.O. Box 836, Emmett Id 83617

Posse Chief Approval: \_\_\_\_\_ Date\_\_\_\_\_

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