



Kern County Sheriff's Mounted Posse, Inc.

Application for Membership

Date: _____

I will acquaint myself with the obligations and purpose of this organization and clearly understand that upon applying for membership, I am applying for an Honorary and Voluntary Position with the Kern County Sheriffs Mounted Posse, a non profit corporation organized under the laws of the State of California and not a part of any Kern County agency.

I agree and swear before the County Clerk of Kern County to carry out these obligations and conduct myself at all times in a courteous manner becoming a member of the Kern County Sheriffs Mounted Posse.

I further agree to attend and participate in all meetings, functions, rides and parades for one year and to attend these meetings, functions, rides and parades, as often as possible thereafter.

I also understand, that I agree to resignation in case I do not comply at all times with the By-Laws of this organization, a copy of which I acknowledge receipt. **Initial** _____

1. _____
(last name) (middle) (first name)

(spouse's last name) (middle) (first name)

List all residences, in which you reside in the last five (5) years, with current listed first:

2. _____
(dates) (residence address) (city) (state) (zip code)

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Current mailing address: _____
(address) (city) (state) (zip code)

Home Telephone: _____ Fax: _____ Cell: _____

Email address: _____ How long in Kern County: _____

CA. Drivers License Number: _____

3. What is your usual trade, occupation or profession: _____

4. Name of current Business/Employer: _____

5. Your Title: _____

6. _____
(business address) (city) (state) (zip code)

Business Telephone: _____ Fax: _____ Cell: _____

Business Email address: _____

7. Date of birth: _____ 8. Birthplace: _____

9. Height: _____ 10. Weight: _____

11. Color of eyes: _____ 12. Color of Hair: _____

13. If a naturalized citizen, state number on naturalization _____

Name and location of court: _____

Date final papers were issued: _____

14. Have you ever been arrested or convicted of a felony: **yes no** Misdemeanor: **yes no**

If so, give complete statement of circumstances, dates, locations and current status:

Have you ever used an alias: **yes no**

If so, what: _____

When: _____

15. Are you in good physical health: _____

Explain any physical problems: _____

16. Please list two personal references not connected with the KCSMP:

(name) (address) (phone)

(name) (address) (phone)

Equipment:

Do you own a horse: **yes no**

Breed: _____ Age _____ Name: _____

Number of parades the horse has been in _____

Gelding or Mare: _____

Do you own a horse trailer: **yes no**

Do you own a saddle: **yes no**

Do you have arms and ammunition available: **yes no**

Do you agree to purchase at your own expense and maintain all proper and required uniforms and tack **yes no**

Do you have a current CCW: **yes no**

Expiration/Renewal date: _____

Have you ever been denied a CCW in Kern County: **yes no**

If so, when: _____

Why: _____

I hereby authorize the Kern County Sheriff’s Department to conduct a background investigation concerning my work record, reputation, medical, physical and criminal record including information of a confidential or privileged nature.

I understand that even if this application is approved by the Sheriff, my application will still need to be voted on by the Membership and approval by the Sheriff does not constitute approval of my application until voted upon by the Membership.

Furthermore, if accepted into the Kern County Sheriffs Mounted Posse, I agree to abide by all rules and regulations including both written and non-written. I understand that mis-use of the Kern County Sheriffs Mounted Posse badge is grounds for immediate dismissal and possible prosecution by the District Attorney’s office. Furthermore, if there is a CCW permit issued to me, I agree to abide by its restrictions and authorizations. Mis-use of this permit also constitutes grounds for dismissal and or prosecution.

Furthermore, I agree that in the event, for any reason, my membership is terminated, my only recourse to appeal my situation to the Board of Directors. I agree to abide by the decision of the Board on all matters and have no legal recourse beyond such appeal.

Signature of Applicant

Date

1st Sponsor: _____ Phone # _____

2nd Sponsor: _____ Phone # _____

INVESTIGATION REPORT:

1st Investigator: _____ Approved: _____

2nd Investigator: _____ Approved: _____

Remarks by Investigation Committee:

Sent to Sheriff on: _____

17. Approved by the Sheriff on: _____

18. Date voted on by the Membership:

19. Application accepted or denied: _____

20. Remarks by the Application Committee: _____
