



# Volunteer Application

Volunteer Boating Safety Officer  
Division Of Water Safety  
Mohave County Sheriff's Office

1. Name \_\_\_\_\_ (Also known as) \_\_\_\_\_
2. Address (LHC) \_\_\_\_\_  
(second add if any) \_\_\_\_\_
3. Phone# \_\_\_\_\_ (other, Bus., Vac. Home, etc.) \_\_\_\_\_
4. Badge# \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_
5. Any physical condition that requires medication or probable cause for use of medication that you carry on your person in case of emergency \_\_\_\_\_  
Where do you carry it \_\_\_\_\_  
Is your night vision normal Yes \_\_\_\_\_ No \_\_\_\_\_ Exp. \_\_\_\_\_
6. Education. Highest grade achieved \_\_\_\_\_ Any degrees \_\_\_\_\_
7. Vocation \_\_\_\_\_ Active \_\_\_\_\_ Retired \_\_\_\_\_  
Areas you excel in. Computers, teaching (certified), medical, professional, hobbies or other)  
\_\_\_\_\_
8. Time of year or dates you are not in LHC \_\_\_\_\_ or days of week that you are not available for duty \_\_\_\_\_
9. Boating experience \_\_\_\_\_  
Own a boat \_\_\_\_\_ Kind \_\_\_\_\_ size \_\_\_\_\_ powered by \_\_\_\_\_  
Do you offer your boat for patrol duty, Yes \_\_\_\_\_ No \_\_\_\_\_
10. Areas you are interested in serving: Administration \_\_\_ Water Patrol \_\_\_ Shore duties \_\_\_
11. Approved Coast Guard, Power Squadron or other courses you have taken (have certificate)  
\_\_\_\_\_
12. Medical training (certified etc., CPR, Red Cross, Coast Guard, Fire Dept.)  
\_\_\_\_\_
13. Have you served as a Peace Officer, Marshal or Law Enforcement officer \_\_\_\_\_ Where \_\_\_\_\_  
\_\_\_\_\_
14. Have you served in the Armed Service \_\_\_\_\_ if so as \_\_\_\_\_

**Volunteer Application  
Personal Information Form**

Full, Name \_\_\_\_\_  
Last First Middle Department

Home Address \_\_\_\_\_  
Physical Location City State Zip Employee #

Employer: \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employers Address: \_\_\_\_\_ Work Phone \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ e-mail \_\_\_\_\_

Physical Description: Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair \_\_\_\_\_

Blood Type \_\_\_\_\_ Allergies \_\_\_\_\_

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Marital Status: Married \_\_\_\_\_ Divorced \_\_\_\_\_ Single \_\_\_\_\_ Widowed \_\_\_\_\_

Spouse's Name \_\_\_\_\_  
Last First Middle Date of Birth

Children Give Name and Date of Birth

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

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In Case of Emergency Notify:

Full Name \_\_\_\_\_  
Last First Middle Relationship Home Phone

Home Address \_\_\_\_\_  
Physical Location City State Zip Cell Phone

Business Address \_\_\_\_\_  
Physical Location City State Zip Work Phone

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Name \_\_\_\_\_  
Last First Middle Relationship Home Phone

Home Address \_\_\_\_\_  
Physical Location City State Zip Cell Phone

Business Address \_\_\_\_\_  
Physical Location City State Zip Work Phone

Signature \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date