

Polk County Sheriff's Mounted Posse

Application Process

- ◆ Applicants may request a copy of the application for membership with the Polk County Sheriff's Mounted Posse by contacting the Polk County Sheriff's Office.
218-281-0431
600 Bruce Street
Crookston, MN 56716
- ◆ The applicant shall then return the completed application to the Polk County Sheriff's Office.
- ◆ The Polk County Sheriff's Office will perform the Criminal Background check.
- ◆ The Polk County Sheriff's Office will accept or deny the application.
 - ◇ Those applicants that are denied membership by the Polk County Sheriff's Office will be notified by the Polk County Sheriff's Office.
 - ◇ The applications of those applicants that are accepted by the Polk County Sheriff's Office will be turned over the Captain of the Polk County Sheriff's Mounted Posse for review. No notification to the applicant by the Polk County Sheriff's Office is necessary.
- ◆ The Polk County Sheriff's Mounted Posse Executive Board will accept or deny the application.
 - ◇ Those applicants that are denied membership by the Polk County Sheriff's Mounted Posse will be notified by the Polk County Sheriff's Mounted Posse.
 - ◇ The applications of those applicants that are accepted by the Polk County Sheriff's Mounted Posse will be contacted to set up an interview.
- ◆ This application procedure shall be performed in a timely manner.

Polk County Sheriff's Mounted Posse

Duties, Responsibilities, Physical Demands and Skills

Position Summary:

The Polk County Sheriff's Mounted Posse is a volunteer position of individuals who with their personal time and expenses, work closely with local law enforcement and other service agencies. Our mission is to do search and rescue or recovery of persons and/or evidence. Posse volunteer members also assist the Sheriff's Office in maintaining order and security in the community. Posse members are also responsible for promoting community relations such as working at county or city functions.

Qualifications:

1. Must be 18 years or older.
2. Must be of good moral character.
3. Must pass background check, oral interview and be willing to submit to drug screening.
4. Must maintain confidentiality.
5. Must have good communication skills.
6. Must attend 75% of all scheduled meetings, scheduled trainings and scheduled events. Meetings are held on the third Tuesday of the month at 6:00 pm.
7. Must inform and disclose any personal medical conditions requiring or not requiring medications to the Executive Board for the safety of the member.
8. Must complete 20 hours of ride along time with a Polk County Sheriff Patrol.
9. Must attend required trainings for 1st AID/CPR, if not already certified, and remain current.
10. Both ground support and mounted volunteers must attend an approved Police Mounted Patrol Training Course at their own expense within two years of acceptance.
11. New members will be responsible for a onetime \$40.00 non-refundable equipment charge.

Critical Physical Demands for Ground Support and Mounted Members:

1. Must be able to talk and hear.
2. Must be able to walk, stand or sit for long periods of time in all types of terrain and in all kinds of weather. (Examples: working terrain such as rivers, swamps, plowed fields, dense trees, working around and with patrol cars such in the case of securing an accident scene)
3. Must be able to endure stress and high emotion for extended periods of time.
4. Must be able to move 50lbs.
5. Must have fine motor skills.
6. Must learn, understand and be able to utilize rescue and law enforcement equipment.

Mounted Posse Members:

1. Must be responsible for all aspects of tacking, training, maneuvering and care of personal horses.
2. Must be able to ride for extended periods of time in adverse weather and surroundings or rough terrain day and night.
3. Horse and rider must qualify at designated trainings.
4. Must have horse trailer or *pre-arranged access* to trailer at all times.

POLK COUNTY MOUNTED POSSE

Application

600 Bruce Street
Crookston, MN 56716
(218) 281-0431

It is the policy of the Polk County Mounted Posse to provide equal opportunity for all, without discrimination on the basis of race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, disability, sexual orientation, or age.

The information requested on this application is intended to be used by the Polk County Mounted Posse in determining suitability for the position, which you are currently seeking or may seek in the future. You are not legally required to provide any of the information on this form at this time. However, failure to provide complete, accurate information may result in the Polk County Mounted Posse being unable to offer the volunteer position to you. With respect to any special accommodations necessary for completing your application or the interview process, the Polk county Mounted Posse may be unable to provide necessary accommodations if you do not provide the information. The information on this application, which is classified as private data in the Minnesota Government Data Practices Act will not be released outside the Polk County Mounted Posse with out your consent except for tax purposes or as otherwise required by state or federal law.

Date of Application

Last Name	First Name	MI
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Address	City	St	Zip
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Home Phone ()	Work Phone ()	Cell/Pager ()
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Do you have a valid Drivers License?	State	License Number and Class
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Email address: _____

Mounted and Ground Support applicants.

In the next section please circle *yes* or *no* and when asked please fill in the blanks.

Title of Position interested in? Mounted Ground Support
(may circle more than one)

Do you have reliable transportation available? *Yes* *No*

Does your job require you to be out of the area for long periods of time? *Yes* *No*

Are you able to leave work for a call out and if so how much notice would you need?

Would you be willing to submit to random drug testing? *Yes* *No*

Do you have any physical restrictions/limitations that we should know about?
Yes *No* If so, please explain:

Being a member of the Polk County Mounted Posse, are you able to volunteer many hours for meetings, trainings, search and rescue operations? *Yes* *No*
And purchase your own equipment? *Yes* *No*

Are you able to walk for;
4 hours *Yes* *No*
6 hours *Yes* *No*
8 hours *Yes* *No*

Are you able to stand for;
4 hours *Yes* *No*
6 hours *Yes* *No*
8 hours *Yes* *No*

Are you willing to search in adverse weather? (Example: rain, sleet, snow, mud, open water, wooded areas, cold, heat, wind?) If not, please explain what type of weather conditions you would not participate in.

Are you able to uphold confidentiality? *Yes* *No*

Do you have any special skills or training that might benefit the Polk County Mounted Posse?

Yes No If so, please list and explain:

Can you read a map? *Yes No*

Can you read a plat book? *Yes No*

Are you willing to give orders/directions when required? *Yes No*

Do you own or have access to a 4-Wheeler or dirt bike? *Yes No*

Would you feel comfortable using a 4-Wheeler or dirt bike? *Yes No*

Are you willing to work non-emergency events such as: parades, fair grounds, community service events, etc? *Yes No*

Are you willing to help out with fund-raisers? *Yes No*

For Mounted Applicants only

Are you willing to participate in non-mounted search and rescue operations? (Example: ground searches, water rescues, etc.) *Yes No*

Can you horse(s) work for;

4 hours	<i>Yes</i>	<i>No</i>	<i>Unsure</i>
6 hours	<i>Yes</i>	<i>No</i>	<i>Unsure</i>
8 hours	<i>Yes</i>	<i>No</i>	<i>Unsure</i>

Please explain how your horse handles around the following examples:

Large crowds of people _____

Dirt bikes _____

Cars, trucks, traffic _____

Loud noises, band music _____

Sirens _____

Different lighted areas such as night searches _____

Please explain how your horse will handle around the following type obstacles:

Rivers, streams _____

Ditches, bridges _____

Open water _____

How does your horse handle pulling items such as wagons, carts, or items by using a rope (such as logs or other heavy objects)?

Will you ride your horse under conditions such as: rain, sleet, snow, cold weather, daytime, nighttime, or heat? Circle conditions you will use your horse in. If not, why?

Under what conditions/situations would you NOT allow your horse(s) to serve on an official search and rescue mission, or any scheduled activity? (example, insurance reasons, age of horse, or health)

Will your horse(s) ride double? *Yes No Unsure*

Does your horse load into a 2-Horse trailer? _____

Stock trailer? _____

Mounted Members must have their own horse trailer. Members who do not own their own trailer, must have a written agreement from the owner of a borrowed horse trailer, that states; ***you have permission for the use of his/her trailer for all Posse functions, and with little or no notice. Please provide written signed permission at time of interview.***

Emergency Medical Certification:

Certification Type	Date of Certification	Renewal Date
CPR.....		
1 st Aid.....		
First Responder.....		
EMT.....		
Other.....		

Employment Experience:

Employer _____

Position/Type of work performed _____

Address & Phone # _____

Employer _____

Position/Type of work performed _____

Address & Phone # _____

Employer _____

Position/Type of work performed _____

Address & Phone # _____

Employer _____

Position/Type of work performed _____

Address & Phone # _____

List professional, trade, business or civic activities and offices held:

Criminal History:

Have you ever been convicted of a crime, which would be considered a misdemeanor, gross misdemeanor, or felony? *Yes No*

If yes, please explain:

Polk County Sheriff's Mounted Posse Application for Membership

Personal References (Non Posse personnel & non family)

Name: _____

Address: _____
(Street) (City) (State) (Zip)

Phone Numbers: Home: _____ - _____ Work: _____ - _____ Cell: _____ - _____

Job Title: _____ Company: _____

How do you know this person?

Name: _____

Address: _____
(Street) (City) (State) (Zip)

Phone Numbers: Home: _____ - _____ Work: _____ - _____ Cell: _____ - _____

Job Title: _____ Company: _____

How do you know this person?

Name: _____

Address: _____
(Street) (City) (State) (Zip)

Phone Numbers: Home: _____ - _____ Work: _____ - _____ Cell: _____ - _____

Job Title: _____ Company: _____

How do you know this person?

Emergency Contact Information for:

Name: _____

If possible, please give two sources for us to contact in case of an emergency.

Name: _____ Relation: _____

Address: _____
(Street) (City) (State) (Zip)

Phone Numbers: Home: _____ - _____ Work: _____ - _____ Cell: _____ - _____

Name: _____ Relation: _____

Address: _____
(Street) (City) (State) (Zip)

Phone Numbers: Home: _____ - _____ Work: _____ - _____ Cell: _____ - _____

For Both Mounted and Ground Support Applicants

I certify that the answers I have given on this application are true and correct to the best of my knowledge. I understand that any false or misleading information provided, or any omission or concealment of facts, will disqualify me from consideration for the Polk County Mounted Posse volunteer position, and constitute grounds for my immediate dismissal should I become a volunteer.

I understand, acknowledge and agree that no offer of the Polk County Mounted Posse volunteer position is valid or binding until formal approval by the Polk County Mounted Posse Executive Board.

I authorize the employers and references I have listed to provide my record and all information they have concerning me and I release all parties from any and all liability or claims for damages whatsoever that may result there from.

Signature _____

Date _____

Data Practices Advisory

The Minnesota Data Practices Act requires that you be advised of the following information:

As an applicant for the Polk County Sheriff's Mounted Posse Search and Rescue group, you are being asked to provide private and/or confidential data about yourself which will be used to check driving records, criminal histories, arrest records, child protection records, warrant information and criminal charges or convictions to determine your eligibility.

- 1) I understand the information to be released, the purpose and use of the released information, and any known consequences of this release. The information to be released is private and any subsequent use and release is controlled by the Minnesota Data Practices Act. (MN Stat, Chap 13)
- 2) I understand that I have the right to refuse to release this information. If I refuse to release this information, it will not be possible for this office to process this application.
- 3) I understand that I may withdraw this consent upon written notice (not retroactive) and that consent will automatically expire within 1 year after the date of my signature.

The undersigned person recognizes that the purpose for which the above described information may be used by suitability of the undersigned to become a volunteer with the Polk County Sheriff's Mounted Posse.

Signature _____ Date _____

Witness / Notary _____

Dated _____

Minnesota Department of Human Service
444 Lafayette Rd
Space Center Building
St Paul MN 55155

RE: _____ DOB: _____
(Please Print Clearly) (Voluntary Information for
Identification purposes only)

AKA: _____

I hereby authorize and grant my informed consent to permit the Minnesota Department of Human Service to release to and make available to the Polk County Sheriff's Office and/or its agents and/or representatives data classified as private which concerns me and which may be in your possession. The data as defined by Minnesota Statute 13.02, Subd. 12, and has been collected by you as a result of my contact and associations with you, and/or your agents and representatives. The information for which release is authorized includes all data which has been collected, created, received, retained or disseminated in whatever form which in any way relates to my dealings with you or your agency. This information includes but is not limited to, date regarding mental illness or chemical dependency.

I understand that access to this information is to determine my eligibility for a position on the Polk County Mounted Posse.

This authorization shall be valid for a period of one year, but I reserve the right to, at anytime prior to that expiration, cancel the written authorization by providing written notice to the Polk County Sheriff's Office or to you of that fact.

Signature (full name)

(Date)

Expiration Date of Release

Contact person/Telephone number

Please send all information on voluntary commitments involving this person.

Background Check Authorization

Polk County Sheriff's Mounted Posse

For determination of my security clearance, I hereby authorize a query of any juvenile and / or adult police records that may exist in my name.

Full Name (please print clearly)

Maiden name (if applicable)

Address: (Street) (City) (State) (Zip)

Date of Birth

If any, what other state have you lived in?

Drivers License Number

Signature

Date

Witness (print clearly)

Date

Signature

Title

(Office Use)

QDP: _____
Local: _____
CJIS / NCIC: _____
MNDHS: _____

Background check done by: _____ Date: _____

I understand and agree that any deliberate misrepresentation in this application is sufficient for cancellation of this application before acceptance or discharge after acceptance.

Signature

Date

Print Name

Witness

Date

Print Name

Title