



Desoto County Sheriff's Department Search and Rescue Unit



Volunteer Application

Name: _____ Date: _____

DOB: _____ Age: _____ Social Security #: _____-_____-_____ DL# _____ DL State _____

Address: _____ City _____ State: _____ Zip: _____

Height _____ Weight _____ Eye Color _____ Hair Color _____ Photo ID attached Yes No

Home Phone #: _____ Cell #: _____ Email Address: _____

Place of employment: _____ Supervisor: _____

Supervisor's contact #: _____ Years of service with employer: _____

Address of employer: _____ City _____ State _____ Zip _____

Are you a member of the Armed Forces? _____

Are you apart of any volunteer organization? _____

Do you hold any special certifications? _____

List names, addresses and phone numbers of three references other than a relative whom you have known for at least one year.

1. _____

2. _____

3. _____

Have you ever been convicted of a criminal offense? If so please explain.

Please List times you are available to volunteer:

Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday	
Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night

Please submit all applications to: "Jbigham@desotocountymys.gov" with SAR application in the subject line