



# MARION COUNTY SHERIFF'S OFFICE

## COMMUNITY ADVISORY COMMITTEE APPLICATION

PLEASE PRINT LEGIBLY

LAST NAME			FIRST NAME			MIDDLE INITIAL		
OTHER NAMES (MAIDEN, ALIAS)				DRIVER'S LICENSE NUMBER		STATE OF ISSUANCE		
PHYSICAL HOME ADDRESS				CITY		STATE		ZIP CODE
MAILING ADDRESS (IF DIFFERENT THAN PHYSICAL ADDRESS)								
HOME TELEPHONE			WORK TELEPHONE			CELLULAR TELEPHONE		
E-MAIL ADDRESS				DO YOU <b>LIVE</b> IN MARION COUNTY?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
				DO YOU <b>WORK</b> IN MARION COUNTY?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
OCCUPATION/EMPLOYER				EMPLOYER'S TELEPHONE				
EMPLOYER'S ADDRESS			CITY		STATE		ZIP CODE	

**IN CASE OF EMERGENCY PLEASE CONTACT**

NAME	RELATIONSHIP	HOME TELEPHONE	ALTERNATE TELEPHONE
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HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE?  NO  YES **IF YES, PLEASE EXPLAIN ON A SEPARATE SHEET. INCLUDE DATE, LOCATION JURISTCTION AND DISPOSITION.**

HAVE YOU HAD ANY MISDEMEANOR ARRESTS?  NO  YES **IF YES, PLEASE EXPLAIN ON A SEPARATE SHEET. INCLUDE DATE, LOCATION JURISTCTION AND DISPOSITION.**

**PERSONAL REFERENCES PLEASE LIST 3 PERSONAL REFERENCES WHO HAVE KNOWN YOU FOR AT LEAST 3 YEARS.**

NAME	TELEPHONE
HOW LONG HAVE YOU KNOWN THIS PERSON?	WHAT IS YOUR RELATIONSHIP WITH THIS PERSON?
PHYSICAL HOME ADDRESS	CITY STATE ZIP CODE
NAME	TELEPHONE
HOW LONG HAVE YOU KNOWN THIS PERSON?	WHAT IS YOUR RELATIONSHIP WITH THIS PERSON?
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