



Marion County Sheriff's Office

Civilian Observer Application

Current Date

Last Name:

List Other Names Used:

First Name:

Date of Birth: Driver/ID #:

Initial:

Gender:

email

Phone:

Race/Ethnicity:

Home Address:

For Criminal History Check

City:

State:

Zip Code:

Type Requested:

Place of Employment or School:

Are you a resident of Marion County?

Have you ever been arrested?

Are you an applicant with Marion County?

Reason for requesting participation:

I request permission from the Marion County Sheriff's Office to participate in authorized trainings and activities. I agree to obey all instructions, orders, and commands from any employee of the Sheriff's Office during the time that I participate. I realize that due to the nature of Sheriff's Office business, the possibility exists that a dangerous situation may arise. I freely and voluntarily accept these risks. I agree to keep confidential anything I see or hear. I understand my participation may be terminated at any time. I agree that I have no right to payment from Marion County Sheriff's Office for my participation in these activities. I realize that I will be in a professional work setting and will dress and act accordingly. (Casual dress is acceptable, unless otherwise directed, as long as it is neat and clean. Appropriate civilian attire does not include tank tops, shorts, dresses, skirts, graphic/offensive T-shirts or excessive and/or distracting jewelry.) I further agree to hold the Marion County Sheriff's Office, it's employees and agents, harmless of any and all liabilities to me for injury or property damage that may be sustained during the period of time that I spend as a participant. I further understand that during the course of participating in patrol observation, it is possible witnessing a traffic offense or criminal violation may subject me to subpoena to testify in court.

Civilian Signature: _____ Date _____

For Applicants under 18 years of age

I am the parent or guardian of the above named individual who is a minor, and I hereby authorize the participation in trainings or other authorized activities. I further agree to hold the Marion County Sheriff's Office, it's employees and agents, harmless from any and all liability to the minor that I am the parent/guardian of, for personal injury or property damage that may be sustained during the time they are participating in trainings or other authorized activities.

Parent Signature: _____ Date _____

MCSO Employee Witness _____ Alpha # _____