



COLUMBIA COUNTY SHERIFF'S OFFICE

Clay N. Whittle, Sheriff
2273 COUNTY CAMP ROAD
POST OFFICE BOX 310
APPLING, GEORGIA 30802-0310
(706) 541-1043

Columbia County Sheriff's Office

ATV Ready Unit Application

Personal Information

Name: _____
 First Middle Last

Address: _____
 Number Street City State Zip

Telephone
Numbers: _____
 Home Work Cell Other

Email Address: _____

SSN: _____ DL#: _____ State: _____

Date of Birth: _____ City of Birth: _____ State: _____

Sex: M () F () Height: ___ft. ___in. Weight: ___lbs. Eyes: ___ Hair: ___

Are you a U.S. Citizen? Yes () No ()

Military Record

Branch: _____ Rank Attained: _____

Date of Entry: _____ Date of Discharge: _____

Type of
Discharge: _____

Have you volunteered at any organization in the past? Yes () No ()

Name	Address	Phone #	Years of Service

Have you (since the age of 18) ever been convicted or plead guilty or no contest to a misdemeanor? Yes () No ()

Have you (since the age of 18) ever been convicted or plead guilty or no contest to a felony? Yes () No ()

If yes, describe circumstances:

List any friends or relatives working for the Columbia County Sheriff's Office:

Place of Employment, address, phone number, and job title:

List three personal references. Do not list relatives.

Name	Address	Phone #	Years Known

Why do you want to volunteer for the Columbia County ATV Ready Unit?

What type of serviceable ATV do you have? _____

Do you have means to transport your ATV to and from call-outs and events? Yes () No ()

Authorization and Release

My signature on this application form attests to the fact that all information included is true to the best of my knowledge. I am aware that falsification on any part of this application form, or credentials, may disqualify me or result in my immediate dismissal, regardless of when discovered.

Furthermore, I hereby authorize the Columbia County Sheriff's Office, its agents or representatives, to contact any person or entity named on my application, and any attached credentials, for the purpose of confirming the information contained therein and/or obtaining other information which may be material to my qualifications. I also authorize the Columbia County Sheriff's Office to perform a criminal background investigation and driving history. I hereby release the Columbia County Sheriff's Office, its agents, representatives, and any entity providing information pursuant to this Authorization and Release of information, from all liability upon the provision of that information.

Signature: _____ Date: _____