

**Le Sueur County Sheriff's Mounted Posse  
Membership Application**

\$10.00 Application Fee

The undersigned hereby completes application for membership in the Le Sueur County Sheriff's Mounted Posse and furnishes the following information:

*Please Print*

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Business Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home Phone #: (    ) \_\_\_\_\_ Cell Phone #: (    ) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Next of Kin: \_\_\_\_\_ Relationship: \_\_\_\_\_

I own \_\_\_\_\_ horses and normally have \_\_\_\_\_ available at: \_\_\_\_\_

\_\_\_\_\_

I have a horse available to use for Posse Duty and this horse is owned by:

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## **Personal References**

### **Past and/or Present Membership in other organizations:**

1. Name/Address: \_\_\_\_\_  
Offices Held: \_\_\_\_\_  
Membership dates: \_\_\_\_\_
  
2. Name/Address: \_\_\_\_\_  
Offices Held: \_\_\_\_\_  
Membership dates: \_\_\_\_\_
  
3. Name/Address: \_\_\_\_\_  
Offices Held: \_\_\_\_\_  
Membership dates: \_\_\_\_\_
  
4. Name/Address: \_\_\_\_\_  
Offices Held: \_\_\_\_\_  
Membership dates: \_\_\_\_\_
  
4. Name/Address: \_\_\_\_\_  
Offices Held: \_\_\_\_\_  
Membership dates: \_\_\_\_\_

### **Personal References: (List five and do not include relatives or former employers)**

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Years Known: \_\_\_\_\_
  
2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Years Known: \_\_\_\_\_
  
3. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Years Known: \_\_\_\_\_
  
4. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Years Known: \_\_\_\_\_
  
5. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Years Known: \_\_\_\_\_

## Data Practices Rights Advisory

As an applicant for the Le Sueur County Sheriff's Mounted Posse, you are being asked to provide private and/or confidential data about yourself which will be used to check driving records, warrant information and criminal charges or convictions to determine you eligibility.

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, Chapter 13)

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.

I understand that I may withdraw this consent upon written notice (not retroactive) and that consent will automatically expire within 1 (one) year after the date of my signature.

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

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Applicant's Printed Name

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Applicant's Signature

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Date