



**OFFICE OF THE SHERIFF**  
Moss Justice Center  
1675-2A York Highway  
York, South Carolina 29745-7430  
Tel: (803) 628-3059 Fax: (803) 628-3075

**Sheriff's Posse Volunteer Mounted Search and Rescue Application**

Name: \_\_\_\_\_ Mounted or Support: \_\_\_\_\_

Home Phone: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

E-Mail: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

STREET CITY STATE ZIP

RACE: \_\_\_ SEX: \_\_\_ SOC. SEC. # \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

Driver's License # \_\_\_\_\_ State: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ EMPLOYED BY: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Contact # \_\_\_\_\_

PHYSICAL CONDITION: (check one) \_\_\_ EXCELLENT \_\_\_ GOOD \_\_\_ FAIR \_\_\_ POOR

Please describe any physical conditions, impairments or ailments that would impair your ability to engage in moderate to strenuous physical activity: \_\_\_\_\_

Why do you want to be on the Sheriff's Posse?  
\_\_\_\_\_  
\_\_\_\_\_

How did you first hear about the Sheriff's Posse Volunteer Mounted Search and Rescue?  
\_\_\_\_\_  
\_\_\_\_\_

HAVE YOU EVER BEEN ARRESTED/CONVICTED OF A CRIME? \_\_\_Y \_\_\_N (If yes, explain) (Please include PTI or expungements.)  
\_\_\_\_\_  
\_\_\_\_\_

GIVE THE NAMES ADDRESSES & PHONE # OF TWO CHARACTER REFERENCES:

1. \_\_\_\_\_ 2. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

PH# \_\_\_\_\_ PH# \_\_\_\_\_

By my signature below I acknowledge the above information is true and accurate.

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

Applications may be mailed or delivered to: York County Sheriff's Office  
ATTN: Mounted Search and Rescue  
1675-2A York Hwy  
York, SC 29745