

Whatcom County Sheriff's Office

Reserve Deputy Interest Card

Last Name: _____ First: _____ MI: _____ (Maiden Name) _____

Address: _____

City: _____ State: _____ Zip: _____

Aliases: _____

Drivers License #: _____ SSN: _____
(Optional)

Home Phone: _____ Work Phone: _____ Cellular Phone: _____

Date of Birth: _____ Eye Color: _____ Hair Color: _____

Sex: _____ Height: _____ Weight: _____

Background Information:

Any driving restrictions? _____

Any driving endorsements? _____

Have you ever been investigated or arrested for a crime? _____

If Yes Please Explain: _____

List any specialized training or experience:

Have you read the "Automatic Disqualifiers"? _____

Please understand, by signing this application you are acknowledging and approving the Whatcom County Sheriff's Office to make inquiries into your background, criminal history, and driving records.

I certify that to the best of my knowledge the above information is true and correct.

Signed: _____ Date: _____

(Return this card to the Whatcom County Sheriff's Office Volunteer Services Coordinator at 311 Grand Ave. Bellingham, WA 98225)

For Official Use Only:

AS400/Longarm: _____

NCIC III/WASIC: _____

Drivers Check: _____

Abstract of Driving Record: _____