



Winona County Sheriff SOAR Team

SEARCH | OPERATIONAL ASSISTANCE | RESCUE

Membership Application

All applications for membership are considered without regard to race, color, religion, sex, sexual orientation, gender identity, marital status, national origin, age, military service, medical condition or disability.

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____
Cell Home Work

Email: _____

Education

High School: _____

City/State: _____ Graduated:
Yes No

College: _____

City/State: _____ Graduated:
Yes No

Field/Degree: _____ Years Attended: 1 2 3 4 5+



Winona County Sheriff SOAR Team

SEARCH | OPERATIONAL ASSISTANCE | RESCUE

Recent Employment

Please list all places you were employed in the last three (3) years. If there are more than three, list your three most recent employers.

Employer: _____
Name *Start & End Dates (mm/yy)*

Duties: _____

Employer: _____
Name *Start & End Dates (mm/yy)*

Duties: _____

Employer: _____
Name *Start & End Dates (mm/yy)*

Duties: _____

Qualifications & Experience

Please list any related qualifications or experience you have (examples: first aid/CPR training, EMS or law enforcement training, prior search & rescue experience, etc...). *Please note that no qualifications or prior experience are required.*

Please list any professional, business or community organizations that you have been involved in.



Winona County Sheriff SOAR Team

SEARCH | OPERATIONAL ASSISTANCE | RESCUE

Applicant's Statement

I understand that if I am accepted as a member of the Winona County Sheriff's SOAR Team, I will be issued standard uniforms and equipment. All issued uniforms and equipment shall remain the property of the Team, and I must return all issued uniforms and equipment within ten (10) days of leaving the Team. I understand that I may purchase and use personal equipment, with approval of the Executive Board, and all equipment I purchase shall remain my property upon leaving the Team, however I agree to remove all patches, decals or other insignias of the Team or the Sheriff's Office that have been affixed to my property.

I understand that my acceptance to the Winona County Sheriff's SOAR Team shall be contingent on the results of a thorough background check, including criminal history and driving records, and an interview with members of the Executive Board. I am aware that any false statement or deliberate omission made on this application or during my interview shall disqualify me from membership on the Team and shall be grounds for the immediate termination of my membership if discovered after I am accepted.

I understand that impersonating a peace officer is a criminal act and punishable by fine and/or imprisonment under State and Federal law. I understand that members of the Winona County Sheriff's SOAR Team are not peace officers and identifying or otherwise misrepresenting myself as a Deputy or other peace officer is grounds for immediate termination from the Team and may result in criminal charges.

I hereby attest that I have read, understand and agree to these provisions and I certify all information provided herein to be true and complete to the best of my knowledge.

Applicant Signature

Date



Winona County Sheriff SOAR Team

SEARCH | OPERATIONAL ASSISTANCE | RESCUE

Authorization to Conduct Records Checks

Full legal name: _____
First Middle Last

Date of birth: _____

Driver's license #: _____ State Issued: _____

I hereby give my consent for the Winona County Sheriff's Office to conduct a check of my driving records and past criminal involvements for the purpose of determining my eligibility for membership on the Winona County Sheriff's SOAR Team.

Signature: _____ Date: _____