

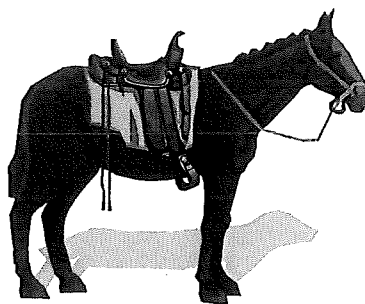
NASSAU COUNTY SHERIFF'S OFFICE

SHERIFF BILL LEEPER



VOLUNTEER MOUNTED POSSE

APPLICATION



EQUAL OPPORTUNITY EMPLOYER * DRUG FREE WORKPLACE

Sheriff's Office to Create a Civilian Mounted Posse

The Nassau County Sheriff's Office is looking for volunteers who are interested in joining a Civilian Mounted Posse. Applications are available in the Human Resources Division of the Sheriff's Office at 76001 Bobby Moore Cir, Yulee, FL.

The Civilian Mounted Posse will assist with parades, community events, search and rescue efforts, and other areas to support law enforcement functions. Volunteers must be residents of Nassau or adjoining counties, 18 years of age or older who own their own horses and are able to provide transportation for the horses to and from training, events and call outs. All applicants must complete an application, a background check and successfully pass an interview process. Qualifying applicants will be contacted regarding future informational meetings. Once selected, volunteers and their mounts will attend a basic training evaluation course which will include obstacles, search techniques and team formation.

Sheriff Leeper is excited about enhancing relationships within the community by allowing citizens to become involved in programs that will benefit the county and foster better relations between the community and law enforcement.



Nassau County Sheriff's Office Volunteer Application

CAT _____ Volunteer _____ Citizens Academy _____ Mounted Posse _____

Applicant Information

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

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ Email _____

Driver's License # _____ Driver's License State _____

Emergency Contact _____ Phone: _____

Are you a resident of Nassau County? YES NO Are you 18 years of age or older? YES NO

What interests you about volunteering? _____

Have you ever been convicted of a crime? YES NO

If yes, explain: _____

General Release & Waiver of Liability

Having made application for the position of Nassau County Sheriff's Office Volunteer, I hereby authorize for one year, from the date of execution thereof, any authorized representative of a Florida criminal justice agency or a Regional Criminal Justice Selection Center bearing this release to obtain any information pertaining to my employment, credit history, education, residence, academic achievement, personal information, work performance, background investigations, polygraph examinations, any and all internal affairs investigations or disciplinary records, including any files that are deemed to be confidential and/or sealed.

I, _____, for myself, my heirs, executors and administrators, waive and release any and all rights and claims or damages I may have against Sheriff Bill Leeper and the Nassau County Sheriff's Office, its affiliates, officers, agents, employees, and contractors and their representatives and any and all claims of damages, demands, actions whatsoever in any manner, as a result of my participation as a Volunteer with the Nassau County Sheriff's Office. I hereby release and indemnify those parties from any claims for acts of negligence on my part or those affiliated with me. I have read the above release and I understand and agree to the terms.

I certify that my answers are true and correct to the best of my knowledge. By my signature, I acknowledge and understand this information is required in order for the Nassau County Sheriff's Office to conduct a background inquiry.

Signature: _____ Date: _____

**Attach a copy of your driver's license and return this form to
Nassau County Sheriff's Office Human Resources Department.**



Nassau County Sheriff's Office

Sheriff Bill Leeper

NASSAU COUNTY SHERIFF'S OFFICE CIVILIAN MOUNTED POSSE GENERAL RELEASE AND WAIVER OF LIABILITY

The undersigned, _____ (print name), a volunteer of the Nassau County Sheriff's Office Civilian Mounted Posse (hereafter "NCSO CMP"), in consideration for the privilege of participation with, and becoming a member of, the NCSO CMP, the receipt and sufficiency of consideration is hereby accepted and acknowledged, do hereby release, waive, satisfy, and forever discharge and settle any and all claims, demands, causes of action, suits, controversies, judgments or damages of any kind or nature whatsoever, in law or in equity, which exist or may arise against Bill Leeper as Sheriff of Nassau County, or his successors, heirs, assigns, employees, appointees or agents, relating to any and all participation, in whatever activity or form, as a volunteer civilian member of the NCSO CMP, including but not limited to: (1) injury, illness or death to myself; (2) injury, illness or death to my volunteer horse _____ (identify horse by name, age, breed, etc.); and/or (3) damage to, or loss of, personal property. The undersigned has full understanding and appreciation of all risks and dangers associated with the NCSO CMP and does hereby assume all risks of personal injury, death, property damage or other loss that might arise from my participation in the aforementioned, including but not limited to searches, parades, and attendance at NCSO events.

This General Waiver and Release of Liability (hereafter "Release") shall be binding upon the undersigned and his/her respective heirs executors, administrators, personal representatives, successors, assigns, agents or employees. This Release will be subject to, and governed by, the laws of the State of Florida. This Release has been read and fully understood by the undersigned. It is acknowledged and agreed the undersigned has voluntarily, knowingly, and willingly executed this Release.

Signature

Date

Sworn to and subscribed before me this _____ day of _____ (month), 2015, by _____ (print name) who is [] personally known to me or [] produced _____ as identification, and who acknowledged to and before me that he executed the foregoing document freely and voluntarily for the purposes therein expressed.

Notary Public, State of Florida
My Commission Expires: