



IMPERIAL COUNTY SHERIFF'S FOUNDATION



Application Form

To be eligible for a membership in the Imperial County Sheriff's Foundation, you will need to...

- Fill out this form completely and sign it.
- Provide a copy of a valid California Driver's License.
- Consent to a background check conducted by the Imperial County Sheriff's Office.

I. GENERAL INFORMATION

1. Name: _____
Last First Middle Nickname Spouse's First Name
2. Home Address: _____ City: _____ Zip: _____
3. Phone: () _____ Email: _____
4. Employer: _____ Position: _____
5. Business Address: _____ City: _____ Zip: _____
6. Phone: () _____ Email: _____ CA Driver's Lic. #: _____
7. Place of Birth: _____ Date of Birth: _____ U.S. Citizen: ☐ Yes ☐ No
8. Military Service: Branch: _____ Rank: _____ Retired: ☐ Yes ☐ No

II. REFERENCES

1. Please list two separate references.

☐ Business ☐ Personal

Name: _____

☐ Business ☐ Personal

Name: _____

III. BACKGROUND

1. As an adult, have you ever been arrested? If yes, please answer the following questions.
- a. When? _____ b. Where? _____
- c. For what charges(s)? _____
- d. The disposition of the arrest? _____
2. As an adult, have you ever been detained by law enforcement? If yes, please answer the following questions.
- a. When? _____ b. Where? _____
- c. For what reason(s)? _____
- d. The disposition of the situation? _____
3. As an adult, have you ever been convicted of, pleaded guilty to, or no contest to a felony or misdemeanor, or are there criminal charges pending? If yes, please provide a detailed explanation. If you need additional space, attach a separate sheet.
- _____
- _____
- _____

IV. MEMBERSHIP RANK REQUESTED (SEE MEMBERSHIP FLYER FOR DETAILS)

1. Select which membership you are interested in.
- ☐ Bronze - \$150 ☐ Silver - \$250 ☐ Gold - \$500 ☐ Platinum - \$750 ☐ Diamond - \$1,500
2. List any community organization, fraternal organization, service club, or similar organization where you are an active member or past member. Include any offices or positions you have held:
- | Organizations | Office/Position Held |
|---------------|----------------------|
| a. _____ | _____ |
| b. _____ | _____ |
| c. _____ | _____ |
3. Why do you want to become a member of the ICSF?
- _____
- _____
- _____
4. Are you interested in serving in a leadership capacity for the ICSF? ☐ Yes ☐ No