

LAPEER COUNTY SHERIFF'S OFFICE SHERIFF SCOTT McKENNA

3231 John Conley Drive Lapeer, MI 48446 810-664-48446

http://www.county.lapeer.org/Sheriff

MOUNTED SEARCH & RESCUE UNIT APPLICATION

Ground	Canine Mou	nted ATV			
Nam	ne:	Soc	cial Security Number:		
Present A	ddress:	Driv	Driver's License Number:		
City:		State:	Zip Code:		
Home Telephone Number:	Work Telephone	Number:	Cell Phone Number:		
() F-ma	l Address:		Date of Birth:		
Ema	TAddress.		Date of Birth.		
Requiren	nents for the position of I	Mounted Division Office	er:		
 Minimum age 18years Must be a U.S. citizen Must be in good health and physical condition Submit to an interview All applicants must pass a background check Must be a high school graduate or possess a G.E.D. Must possess valid MI Driver's License 					
Training: please check if you have tra	ining in any of these areas:				
Reserve Academy CPR Radio Communications	SAR First Aid ICS		rt Writing Reading		

INITIAL COSTS/YEARLY FEES WILL BE EXPLAINED DURING INTERVIEW/ORIEMTATION

You must provide all your own uniforms (Shirts, pants, jackets, shoes, riding boots, hat, belts and helmet) You also provide your own Horse, Canine, ATV and equipment. Specification will be outlined by command.
This is a volunteer position. There is no pay for your services.
This includes parades, special events, escort details, SAR, or provide service as directed by the Sheriff and/or Division Commander.
All Members attend monthly training (4 hrs)



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Physical Requirements:	Weight must be proportionate to height. Physical condition must be adequate to perform the functions of a Mounted Officer. If requested by Command you will provide a complete physical, conducted by a physician of your choice and at your expense.			
Conduct & Bi-laws:	The Lapeer County Mounted Division is at the will of the Sheriff. Its operations must comply with all departmental polices & procedures. Failure to do so will result in punitive action up to and including dismissal from the unit.			
Probation:	One year probation. During this time, you are requwork assignments.	ired to successfully compl	ete all training and	
Background Investigation:	A background investigation will be conducted with be required to submit signed waivers so that reference of the submit signed will not be carrying as the submit signed of the submit signed as the submit signed with a regular officer of the submit signed will be submit signed as the submit signed with submit signed with submit signed with submit signed will be conducted with be required to submit signed waivers so that reference of the submit signed waivers so that submit signed waivers s	ences may be contacted. g a weapon ? police authority ?	Yes No Yes No Yes No Yes No Yes No	
If you answered yes to charge and the disposit	question 3 or 4 above, please indicate the arresting tion of the case:	g/citing department, the a	rrest/violation	
Company Name:	Employment History (Current or Pr	evious) Current/ Previo	us Position:	
	Address:	Phone Nu	ımber:	
	City:	() State:	Zip Code:	
Please list your regular	work schedule:			
	Married	Demanda da M		
Family History: Do you presently	Married Single Divorced own a good quiet, presentable horse that YOU ride	Dependents #	res No	



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Breed:	Age:	Sex:		Male			Female
Color:	How long have you ow	ned this horse?		# Of Yo	ears		
Do you own more	e than one horse?:		⁄es	No	If yes, h	ow many	·?:
Where do you ke	eep your horse(s)						
Do you own a Tra	ailer?:	Yes	No				
If yes , What type	2:		Make:			, i	Age:
How long have yo	ou owned or been invol	ved with horses?	?:		Number o	of years	
How would you r	How would you rate yourself as a rider?: Novice Skilled					Skilled	
If necessary, are y	you willing to take profe	ssional riding in	struction?	:	Y	'es	No
Did you ever show	w a horse formally?:	Yes	No		Primar	y Class:	_
Did you ever part	cicipated in parades or o	ther public ever	nts on hors	seback?:	Y	'es	No
How often do you	u presently ride?:				· •		
Are you active in	other horse related gro	ups/projects?:			Y	'es	No
If Yes, Please Exp	olain:						•
Do you own a hai	nd gun?: Yes	lo Type:		Regis	stered:	Ye	No No
Have you had any	y formal law enforceme	nt training?:	Yes	No	If yes, ple	ase expla	ain below:
	do you feel your membe	·			ivision?:		
What is the prima	any other social or com	imunity service (organizatio	onsr.			
What is the prima	ary reason that you app	lied for this posi	tion in the	Mounted	Division:?)	

If the space provided above is not sufficient for complete answers, please furnish additional information on the back of this form.

REFERENCES:

List Three personal references Rev 07/2021



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	Name:			Home Phone:	
1					
_	Address:			Cell Phone:	
	City:	State:	Zip Code:	Work Phone:	
	City.	otate.	Lip dodd:	Work Hone.	
	I.				
	Name:			Home Phone:	
2					
_	Address:			Cell Phone:	
	City:	State:	Zip Code:	Work Phone:	
	City.	State.	Zip code.	Work Thorie.	
	Name:			Home Phone:	
3					
	Address:			Cell Phone:	
	City:	State:	Zip Code:	Work Phone:	
	City.	State.	Zip code.	Work i floric.	
1, 1	the undersigned applicant,	do hereby make applica	ation to the Lapeer Co	ounty Sheriff's Office f	or the position of Search
An	d Rescue Member. I autho	rize the Lapeer County S	Sheriff's office to make	e inquiries and to con	duct a background
	estigation on myself. This v	· ·	_		74 Privacy Act,5 USC
55	2A and any claim I might ha	ave had under Michigan	law on the basis of in	ivasion of privacy.	
I fu	urther certify that I can and	l will upon request subs	tantiate all statement	s and information pro	vided by myself on this
ар	plication and that all stater	ments are complete and	correct to the best of	f my knowledge.	
اد ا	lso understand that false st	ratements or erroneous	information provided	in connection with th	is annlication may be
	use for rejection to Search		information provided	THE CONTROLLED TWEET CH	iis application may be
	,				
	Applicant's Signature		Witness	Signature	date
				·	
	Date		Witness	Name (Please Print)	

Director Sarah Quellmalz Lapeer County Mounted SAR Lapeer County Sheriff's Office 3231 John Conley Drive Lapeer, MI 48446 (810)834-9217 admin@lcmsar.org