

Proposal for Appointment
HAMPDEN COUNTY DEPUTY SHERIFFS ASSOCIATION

SECTION 1 - TO BE COMPLETED BY APPLICANT

NAME: _____
 (LAST) (FIRST) (MIDDLE)

SOCIAL SECURITY #: _____ TELEPHONE: () _____

HOME ADDRESS: _____

(CITY) (STATE) (ZIP)

NO. OF YEARS AT ADDRESS: _____ MARITAL STATUS: M ___ S ___ D ___

DATE OF BIRTH: ___/___/___ ARE YOU A U.S. CITIZEN? YES ___ NO

PLACE OF BIRTH: _____
 (CITY) (STATE) (COUNTY)

EMPLOYER: _____ BUS. # _____

BUSINESS ADDRESS: _____
 (CITY) (STATE) (ZIP)

OCCUPATION: _____

****EMAIL ADDRESS:** _____

SEALED RECORD NOTICE: READ BEFORE ANSWERING NEXT QUESTION
An applicant for appointment with a sealed record on file with the Commissioner of Probation may answer "no record" with respect to an inquiry herein relative to prior arrests, court appearance, and adjudication in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the Superior Court for criminal prosecution.

Have you ever been convicted of any law violation, other than minor traffic offenses'?
Yes ___ No ___ If yes, please explain:

(Signature) DATE

APPLICANT - Please return completed and signed application to Sponsoring Deputy who must complete Section 2 on reverse side. We also need the signed Cori check form with application

PURPOSE: The Hampden County Deputy Sheriff's Association is organized for the purpose of developing community awareness of the Criminal Justice System. The Association gives assistance to the Sheriff in enhancing the pride and esteem of the Sheriff's Department and extending the good will and efforts of the Department by developing services and programs for the benefit of the citizens of Hampden County.

Mindful of the purpose and objective of the Hampden County Deputy Sheriff's Association, I propose

(Name of applicant)

for membership in the Association. Based on my knowledge of the applicant, he/she is a responsible citizen and would properly represent the Sheriff and The Association.

Additional comments which Membership Committee should consider in reviewing this proposed applicant:

(Signature of Sponsoring Deputy)

Sponsoring Deputy

Please print: Name: _____
Address: _____

Phone: _____

**RETURN COMPLETED APPLICATION TO:
HAMPDEN COUNTY DEPUTY SHERIFFS ASSOCIATION
P.O. BOX 6247
SPRINGFIELD, MA. 01101-6247
413-737-2535**