

**CARROLL COUNTY SHERIFF'S OFFICE**

301 N. Main St. Mt. Carroll, IL 61053

Sheriff Ryan Kloepping

**Sheriff's Auxiliary Membership Application****Personal Information**

|                                                                                                                                                             |  |                         |                  |               |          |                                                                           |          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------|------------------|---------------|----------|---------------------------------------------------------------------------|----------|
| Name (Last, First, MI)                                                                                                                                      |  |                         |                  | Date of Birth |          | Social Security Number                                                    |          |
| Sex<br><input type="checkbox"/> Male <input type="checkbox"/> Female                                                                                        |  | Height                  | Weight           | Eyes          | Hair     | U.S. Citizen?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |          |
| Street Address                                                                                                                                              |  |                         | City             |               |          | State                                                                     | Zip Code |
| Email Address                                                                                                                                               |  |                         | Home Phone       |               |          | Cell Phone                                                                |          |
| Do you possess a valid driver's license?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                        |  | Driver's License Number |                  |               | DL State | DL Expiration Date                                                        |          |
| How long have you been a resident of Carroll County?                                                                                                        |  |                         |                  |               |          |                                                                           |          |
| Occupation                                                                                                                                                  |  |                         | Current Employer |               |          |                                                                           |          |
| Family Status <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single                                            |  | Spouse Name             |                  |               |          |                                                                           |          |
| Have you had previous law enforcement experience? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain below:                                   |  |                         |                  |               |          |                                                                           |          |
| For emergency use only, do you have: <input type="checkbox"/> 4WD <input type="checkbox"/> Boat <input type="checkbox"/> ATV <input type="checkbox"/> Drone |  |                         |                  |               |          |                                                                           |          |

I have read and understand the by-laws of the Carroll County Sheriff's Auxiliary Patrol, and I agree to abide by the same.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

---

Member Sponsor 1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

Approval: ☐ Yes ☐ No Date \_\_\_\_\_

Sheriff \_\_\_\_\_

Captain \_\_\_\_\_

Lieutenant \_\_\_\_\_