

Defiance County Associate Deputies  
Policies and Procedures

\*\*\* SHOULD BE SUBMITTED IN PERSON AT MONTHLY MEETING \*\*\*

Meetings in Jan, March, May, July, Sept, Nov. Subject to change.

7.0 QUALIFICATIONS FOR MEMBERSHIP

- 7.1 The following shall be established as the minimum requirements for all new applicants to the Defiance County Associate Deputies Organization.
- 7.2 Must be 18 years of age and have a High School Diploma or GED at date of application.
- 7.3 Must not have a criminal record.
- 7.4 Must not have a record of commitment to a mental institution.
- 7.5 Must not have any history of drug addiction.
- 7.6 Must provide a copy of diploma/GED and birth certificate, upon acceptance to the organization.
- 7.7 Must be in good physical and mental condition.
- 7.8 Must be willing to submit to a “Polygraph” and drug test if requested.
- 7.9 Must be willing to attend and pay for “Basic Law Enforcement School” within two (2) years after acceptance to the Defiance County Associate Deputies Organization or after you turn 20 ½ years old, Thank you for working with us this difficult season of basketball, unless there are exceptions per the Sheriff.
- 7.9.1 If no “Basic Law Enforcement School” is offered during the two (2) years the “Cadet” must take the next school offered or be subject to discharge from the Associate Deputies Organization,
- 7.10 Must be willing to satisfactorily complete an “on the job” training program as established by the Defiance County Sheriff’s Office.
- 7.11 Must be willing to attend and satisfactorily complete additional schooling as required by the Defiance County Sheriff’s Office.
- 7.12 Must conduct himself/herself in a manner that is above and beyond reproach both in and out of uniform.
- 7.13 Must work a minimum of four (4) hours per month or twelve (12) hours per calendar quarter for a total of forty-eight (48) hours per year. Quarters are 1<sup>st</sup>-Jan-March, 2<sup>nd</sup>-April-June, 3<sup>rd</sup>-July-Sep, 4<sup>th</sup>-Oct-Dec.
- 7.13.1 If hours are not met within the quarter, officer is subject to probation for the following 4 month period. If hours are not met in those 4 months as well as the required hours, officer will be subject to dismissal, unless approved by the Sheriff or Liaison Officer. Honorary members are exempt from this rule.
- 7.14 Must be willing to purchase accessories and equipment.
- 7.15 Must agree to abide by the “Policies and Procedures” of the Defiance County Associate Deputies Organization.
- 7.16 Must agree to abide by the hair length requirements of the Defiance County Sheriff’s Office.
- 7.17 All new members will be subject to one (1) year probationary period after satisfactorily completing the Academy.

**Keep this page for your records**

1 <sup>st</sup> Reading ___/___/___ accepted/denied
2nd Reading ___/___/___ accepted/denied

**APPLICATION FOR MEMBERSHIP**  
To the  
**DEFIANCE COUNTY ASSOCIATE DEPUTIES ORGANIZATION**

Please answer all the following questions:

1. Name \_\_\_\_\_

(Last) (Middle) (First)

Date of Birth \_\_\_/\_\_\_/\_\_\_ Age \_\_\_ D.L. \_\_\_\_\_ SSN \_\_\_-\_\_\_-\_\_\_ CCW# \_\_\_\_\_

Address \_\_\_\_\_

(Street) (City) (St) (Zip)

Phones – Home (\_\_\_\_) \_\_\_\_-\_\_\_\_ Work (\_\_\_\_) \_\_\_\_-\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_-\_\_\_\_

I have lived at my current address \_\_\_\_\_, \_\_\_\_\_ E-mail address \_\_\_\_\_  
(Months) (years)

2. Physical Description

Height \_\_\_\_\_' \_\_\_\_\_" Weight \_\_\_\_\_ lbs Eyes \_\_\_\_\_ Hair \_\_\_\_\_

Hat Size \_\_\_\_\_ Pant Size \_\_\_\_\_ Shirt Size \_\_\_\_\_

Any physical scars? If so explain

Any physical handicaps? If so explain

3. Marital Status: Married [  ] Single [  ] Divorced [  ]

Name of Spouse \_\_\_\_\_

Name of Children \_\_\_\_\_

4. Education

Years      Graduated

Elementary \_\_\_\_\_ - \_\_\_\_\_

High School \_\_\_\_\_ - \_\_\_\_\_

College \_\_\_\_\_ - \_\_\_\_\_

Other \_\_\_\_\_ - \_\_\_\_\_



10. Why do you want to become a member of the organization? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. What do you feel you have to offer to the organization? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Have you ever been arrested or cited for any offense?  
Yes [ ] No [ ] If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Have you ever used illegal drugs? Yes [ ] No [ ] If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Have you ever been treated by a Psychiatrist or spent time in a Mental Institution? Yes [ ] No [ ]  
If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. How do you feel about arresting someone who is a personal friend?  
\_\_\_\_\_  
\_\_\_\_\_

16. What would you do if you stopped someone for driving while intoxicated and they were a personal friend or relative? Explain: \_\_\_\_\_

17. What is your feeling about physical altercations: Explain \_\_\_\_\_

18. What do you feel about the taking of a human life? Explain: \_\_\_\_\_

19. If you had to arrest a person of the opposite sex, would you treat them differently than one of the same sex?

20. How do you feel about working with an officer of the opposite sex?

21. How does your family feel about your working as an Associate Deputy? Any family objections?

22. What limitations do you have that may effect your performance as an Associate Deputy?

23. What is your understanding of the duties of an Associate Deputy?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

24. Do you feel that the personal expense of becoming an Associate Deputy would be a financial burden to your family? Explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

25. I hereby certify that I have read Section 7.0 of the Policies and Procedures and agree to comply with all items therein and I certify that all the answers in the above application are true.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

26. After the above is completed, take the application package to the Defiance County Associate Deputy's meeting. The meetings are held at 7:00 PM, on the third Thursday of every other month, at the Evergreen Lane Office Complex, 6879 Evansport Rd, Defiance, Ohio. In the event you Can Not make it to the meeting please take it to the Sheriff Office and present it to Lt Crites or Sgt Moser.

Completed Package Received by:

\_\_\_\_\_  
(signature) Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_

First reading to accept application; Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Accepted \_\_\_\_ Denied \_\_\_\_

Presented to Sheriff Douglas J. Engel

Approved [ ] Denied [ ]

Sheriff Douglas J Engel \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

31. Second Reading - Presented to Membership to accept on the Organization

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Approved [ ] Denied [ ]