

Defiance County Associate Deputies
Policies and Procedures

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

7.0 QUALIFICATIONS FOR MEMBERSHIP

- 7.0.1 The following shall be established as the minimum requirements for all new applicants to the Defiance County Associate Deputies Organization.
- 7.1 Must be 18 years of age and have a High School Diploma or GED at date of application.
- 7.2 Must be a resident of Defiance County 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.
- 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.
- 7.15 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. (Definition of "Calendar Quarter" is 1st Quarter = Jan-Mar, 2nd = Apr-Jun, 3rd = Jul-Sep, 4th = Oct-Dec).
- 7.16 Must be willing to purchase accessories and equipment.
- 7.17 Must agree to abide by the "Policies and Procedures" of the Defiance County Associate Deputies Organization.
- 7.18 Must agree to abide by the hair length requirements of the Defiance County Sheriff's Office.
- 7.19 All new members will be subject to one (1) year probationary period.

Keep this page for your records

1 st 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

4. <u>Education</u>	<u>Grades</u>	<u>Graduated</u>
Elementary _____	_____ - _____	_____
High School _____	_____ - _____	_____
College _____	_____ - _____	_____
Other _____	_____ - _____	_____

5. Other Training and Skills

Special Skills: _____

Language other than English _____

6. Military Service

Yes [] No []

Honorably Discharged Yes [] No []

Branch: _____ Dated served _____ to _____ Highest Rank: _____

7. Employment

Current Employer _____

Occupation _____ Normal Working Hours _____ - _____
M M

Name of supervisor _____

Length of employment _____ - _____
years months

Contact Number _ (____) _____ - _____

Can you be called out of work? Yes [] No []

Previous Employers

_____ , _____ to _____ , _____

_____ , _____ to _____ , _____

_____ , _____ to _____ , _____

8. Personal References (List three people you have known for at least five years, excluding family).

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

9. Miscellaneous Information

Civic Activities or Hobbies: _____

Vehicles Owned:

Make

Model

Year

Plate #

Insured by

Available for meetings on the third Thursday of each month at 7:30 PM? _____

Able to attend several months of night school? _____

Any family objections? _____

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?

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 6:00 PM, on the third Thursday of each 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 Vandemark or Deputy Phipps.

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 []