

APPLICATION FORM FOR SALT PATROL

Please Return To:

Dickinson County Sheriff's Office,
PO Box 214, Spirit Lake, Iowa 51360

Phone: (712) 336-2793 Fax: (712) 336-1946 Email: gbaloun@co.dickinson.ia.us

Application For: SALT Patrol

Date _____ E-mail Address _____

Name _____

Address _____

Phone Number _____ Cell Number _____

Female Male

Place of employment and position (and/or activities such as hobbies, volunteer work, etc. that you feel may qualify you for this position):

■ **How much time will you be willing to devote in this position?**

■ **Interest in Appointment: Describe why you are interested in serving on the SALT Patrol. Include information about your background that supports your interest.**

■ **Contributions you feel you can make SALT:**

■ **Please provide two contacts who may be contacted in case of an emergency.**

Name Address Phone number Relationship

I certify that there is nothing that would prohibit me from serving on the SALT Patrol.

Signature _____ Date _____

***YOUR APPLICATION WILL BE RETAINED IN OUR FILES AS LONG AS YOU ARE A MEMBER.
PLEASE UPDATE THIS FORM IF ANY OF YOUR INFORMATION CHANGES.***