

PIMA COUNTY SHERIFF'S DEPARTMENT  
SHERIFF'S AUXILIARY VOLUNTEERS  
of the GREEN VALLEY DISTRICT, Inc.  
601 North La Cañada Drive  
Green Valley, Arizona 85614  
(520) 351-6744

APPLICATION FOR MEMBERSHIP

NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SSN# \_\_\_\_\_

DRIVERS LICENSE # \_\_\_\_\_ STATE \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_ BLOOD TYPE \_\_\_\_\_

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ EYE COLOR \_\_\_\_\_ HAIR COLOR \_\_\_\_\_

HIGH SCHOOL GRADUATE \_\_\_\_\_ YES \_\_\_\_\_ NO

COLLEGE YEARS COMPLETED \_\_\_\_\_ MAJOR(S) \_\_\_\_\_

DEGREE(S) \_\_\_\_\_

ADDITIONAL EDUCATIONAL EXPERIENCE

\_\_\_\_\_  
\_\_\_\_\_ \*

OCCUPATION \_\_\_\_\_ YEARS \_\_\_\_\_

OTHER EMPLOYMENT EXPERIENCE

\_\_\_\_\_  
\_\_\_\_\_ \*

PHYSICAL DISABILITIES OR LIMITATIONS

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

HOBBIES / SPECIAL INTERESTS

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

APPLICANT SIGNATURE \_\_\_\_\_

=====

PLEASE RETURN THIS APPLICATION TO THE ABOVE ADDRESS

**\* Press TAB to go to next line.**