

**DONA ANA COUNTY SHERIFF MOUNTED PATROL**  
**MEMBERSHIP APPLICATION**

Name: \_\_\_\_\_  
          Last    First    Middle

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (H): \_\_\_\_\_ (W): \_\_\_\_\_ Cell: \_\_\_\_\_ Pager: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_ SSN: \_\_\_\_\_

NM Drivers License #: \_\_\_\_\_ Class: \_\_\_\_\_ Expires: \_\_\_\_\_

Color Eyes: \_\_\_\_\_ Color Hair: \_\_\_\_\_ Ht.: \_\_\_\_\_ Wt.: \_\_\_\_\_

Languages Fluent: \_\_\_\_\_

Identification Marks (scars or tattoos): Describe: \_\_\_\_\_

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**Emergency Contact:**

Person to Notify: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Personal Data (will be kept confidential):**

1. Do you have any disabilities that would hinder your tasks assigned with the department?     Yes  No
2. Have you ever been arrested?     Yes  No
3. Have you ever been convicted of a felony?     Yes  No

If any questions are answered yes, please explain below. You may be asked to give details of circumstances: \_\_\_\_\_

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**References**

List at least three persons who have known you for at least one year and are not related.

1. Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_
2. Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_
3. Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

**Release Authorization Statement**

I, \_\_\_\_\_ do authorize the Dona Ana County Sheriff's Office/Mounted Patrol to access full and complete personal information relative to my records, deemed necessary, pursuant to my application for membership. This includes, but is not limited to, educational records, medical records, police records, credit records and employment/recommendations.

This authorization specifically includes the authority to release, for examination, all pertinent records and information concerning dates of offenses and/or case dispositions (if any).

\_\_\_\_\_  
Type or print full name

\_\_\_\_\_  
Signature

**If Accepted for Membership:**

1. Do you understand and agree that you will be required to furnish and maintain certain items of uniform and equipment at your own expense?      Yes    No
  
2. Do you understand and agree that you will be expected to receive and carry out orders and instructions given to you by superior officers?      Yes    No
  
3. Do you understand and agree that certain duties and conversations that you may be required to perform must be kept confidential?      Yes    No
  
4. Do you understand and agree that you will be required to conduct yourself on and off duty in such a manner that will not bring discredit, whatsoever, to the unit or the Sheriffs' Department.      Yes    No
  
5. Do you have any objections to being fingerprinted or photographed by the department?      Yes    No

**I understand that for acceptance for membership, I will be evaluated by a "Review Board" to determine my eligibility and will abide by their recommendation and decision. I also understand that the requirements to continue to be a Mounted Patrol may change at any time, and I will be required to comply with these requirements or be terminated.**

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

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

**ADULT WAIVER/RELEASE**  
**DONA ANA COUNTY SHERIFF'S MOUNTED PATROL**

**MOUNTED PATROL WAIVER AND RELEASE OF LIABILITY**

In consideration of being allowed to participate in any way in the DONA ANA COUNTY SHERIFF'S MOUNTED PATROL, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

- 1) The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
- 2) I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
- 3) I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest officer or official immediately; and,
- 4) I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS the DONA ANA COUNTY, DONA ANA COUNTY SHERIFF'S DEPARTMENT, and DONA ANA COUNTY SHERIFF'S MOUNTED PATROL, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

X \_\_\_\_\_  
(Participant's signature)

DATE SIGNED: \_\_\_\_\_

**FOR PARTICIPANTS OF MINORITY AGE**  
**(UNDER AGE 18 AT THE TIME OF APPLICATION)**

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs and activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

X \_\_\_\_\_  
(Parent/Guardian Signature)

DATE SIGNED: \_\_\_\_\_ EMERGENCY PHONE NUMBER: \_\_\_\_\_