



Rodney "Rod" Seeyle
Sheriff

HARRISON COUNTY SHERIFF'S DEPARTMENT

1445 Gardener NW Suite 1000
Corydon, IN 47112
Phone: 812-738-2195 Fax:812-738-4917



B. Wayne Kessinger
Chief

HORSE PATROL APPLICATION

Name _____
Last First Middle Initial

Address _____
Street/Apt # City State Zip

Phone Number Home ____ - ____ - ____ Work ____ - ____ - ____ E-Mail _____

Social Security Number ____ - ____ - ____ D.O.B. ____/____/____

DRIVER'S LICENSE INFORMATION

STATE/NO# _____ CLASS _____

EXPIRATION DATE ____/____/____ IS THIS CURRENT LICENSE VALID? ____YES ____NO

HAVE YOU EVER BEEN CONVICTED OF ANY FELONY CHARGE?

IF YES, EXPLAIN WHERE, WHEN AND DISPOSITION OF THE CASE AS AN ATTACHMENT

PLACE OF EMPLOYMENT _____

Address _____
Street/Apt # City State Zip

DUTIES PERFORMED _____

DO YOU HAVE FIRST AID TRAINING (WHAT LEVEL): _____

AGE OF HORSE _____

GENDER OF HORSE _____

BREED OF HORSE _____

ANY MARKINGS _____



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DO YOU HAVE ANY HORSE PATROL EXPERIENCE: IF YES EXPLAIN. _____

HOW LONG HAVE YOU BEEN RIDING? PLEASE LIST ANY ADDITIONAL INFORMATION THAT YOU WOULD LIKE US TO KNOW. _____

HAVE YOU AND YOUR HORSE BEEN EXPOSED TO RIDING IN A CROWDED ENVIRONMENT? (i.e., parades, horse shows, fairs, trail rides, etc. _____

IF YOU HAVE ANY RESTRICTIONS, EXPLAIN: _____

IF THE HORSE HAS ANY RESTRICTIONS OR BAD HABITS, EXPLAIN? _____

WHAT MADE YOU WANT TO JOIN THE HARRISON COUNTY HORSE PATROL? _____



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HORSES NAME: _____

ATTACH PICTURE OF HORSE BELOW:



I certify that the horse I will use for Horse Patrol will be of good health & proper body weight. I further certify that the horse will be kept in show condition and understand that the horse may be subject to evaluation by a Veterinarian.

I CERTIFY THAT ALL STATEMENTS MADE ON THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE ANY INDIVIDUAL, COMPANY, ORGANIZATION OR INSTITUTION TO RELEASE ANY AND ALL INFORMATION CONCERNING STATEMENTS MADE BY ME ON THIS APPLICATION , AND I DO HERBY RELEASE ALL PARTIES AND INDIVIDUALS INCURRED IN FURNISHING SUCH INFORMATION. I AGREE AND UNDERSTAND THAT ANY DELIBERATE MISSTATEMENT OR OMISSION OF MATERIAL FACTS MAY DISQUALIFY ME TO ATTEND THE CITIZENS' POLICE ACADEMY. MY SIGNATURE BELOW ACKNOWLEDGES MY UNDERSTANDING AND AGREEMENT WITH MATERIAL PROVIDED.

Signature

Date