

**Ross County Sheriff's Office**  
**Ross County Junior Deputy Program**  
**www.rosssheriff.com**

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Birth Place: \_\_\_\_\_

State: \_\_\_\_\_

Father: \_\_\_\_\_ Mother: \_\_\_\_\_

Legal Guardian: (if other than above) \_\_\_\_\_

Address: \_\_\_\_\_ City & Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ School \_\_\_\_\_

Grade: \_\_\_\_\_ List any medical condition that should be known: \_\_\_\_\_

List two emergency contact people & their relationship to youth: \_\_\_\_\_

Address(1) \_\_\_\_\_ Address(2) \_\_\_\_\_

City \_\_\_\_\_ City \_\_\_\_\_

Telephone \_\_\_\_\_ Telephone \_\_\_\_\_

~~~~~  
Date: \_\_\_\_\_

I wish to become a member of the Ross County Junior Deputy Program and I agree to abide by their rules and regulations.

\_\_\_\_\_  
Signature of Applicant

I do hereby give my permission for the above named applicant to become a member of the Ross County Junior Deputy Program and to undergo the training procedures.

\_\_\_\_\_  
Signature of Parent or Guardian

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| <p>Administrative Use</p> <p><input type="checkbox"/> Approved    <input type="checkbox"/> Denied</p> <p>By: _____</p> |
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