**Pike County Sheriff's Office**
*Sheriff Richard N. Henderson*
**Pike County Junior Deputy Program**
**Application**
**Boys/Girls 11 thru 17**

**Name:_____**

**Age:_____**

**Date of Birth: _____/____/_____ Sex:_____**

**Place of Birth: *(City and State)*:_____**

**Father:_____**

**Address:_____**

**Phone: (____)____-_____ Cell: (____)____-_____**

**Mother:_____**

**Address:_____**

**Phone: (____)____-_____ Cell: (____)____-_____**

**Guardian:_____**

**Address:_____**

**Phone: (____)____-_____ Cell: (____)____-_____**

**School District:_____ Grade:_____**

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## Medical History

_____

_____

## Allergies

_____

_____

## Emergency Contact Numbers

**(1) Name: _____ Phone:_____**

**Address: _____**

**(2) Name: _____ Phone:_____**

**Address: _____**

**(3) Name: _____ Phone:_____**

**Address: _____**

**Pike County Sheriff's Office**

*Sheriff Richard N. Henderson*

**Pike County Junior Deputy Program**
**Application**
**Boys/Girls 11 thru 17**

**I wish to become a member of the Pike County Junior Deputy Program and I agree to abide by the program rules and regulations.**

**_____**

**_____/___/_____**

***Signature of Applicant***

***Date***

**I the Parent or Guardian of the above named applicant give my permission for the above named application to become a member of the Pike County Junior Deputy Program and to be involved in all functions necessary.**

**_____**

**_____/___/_09_**

***Signature of Parent or Guardian***

***Date***

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**_____/___/_09_**

**Commander Taking Application**

**Date**