

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

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**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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**Commander Taking Application**

**Date**