



AVIATION RESERVE UNIT APPLICATION

Name: (Last, First, MI)		Social Security Number:	
Present Address:		Driver's License Number:	
City:		State:	Zip Code:
Home Telephone Number:		Work Telephone Number:	
Cell Phone Number:			
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E-mail Address:		Date of Birth:	
Wages:	This is a volunteer position. There is no pay for your services.		
Probation:	One year probation once accepted. During this time, you are required to successfully complete all training, meetings and event requirements.		Initials
I understand that as an Aviation Reserve Officer that I will not have police authority, except when working in conjunction with a regular police officer. My authority will be in effect while operating an aircraft as a pilot, a spotter or in support of regular police officers on the ground.			Initials
			Initials
Background Investigation:	A background investigation will be conducted with the acceptance of this application. You will be required to submit signed waivers so that references can be contacted.		Initials
	1. Have you ever been arrested?		<input type="checkbox"/> Yes or <input type="checkbox"/> No
	2. Have you ever been issued a traffic violation or marine citation?		<input type="checkbox"/> Yes or <input type="checkbox"/> No
If you answered yes to the above questions, please indicate below the arresting/citing department, the arrest/violation charge and the disposition of the case.			
Explanation:			

Personal Medical Insurance Carrier Name:	Membership Number:

Family History:	<input type="checkbox"/> Married	<input type="checkbox"/> Single	<input type="checkbox"/> Divorced	Dependents #
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Emergency Contact Name:	Emergency Contact Number:
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Employment History (Current or Previous)	
Company Name:	Current/Previous Position:

Address:	Phone Number:
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City:	State:	Zip Code:

Please list your regular work schedule:

General Questions

1. In what capacity can you be available for volunteer work in this organization?

2. Do you have any special training that may benefit this organization?

3. Have you ever been involved in an aircraft accident or incident?

Are you a licensed pilot?

Yes or **No**

Pilot Certificate Number:	Total Flight Time Hours:
	Hours

Do you own or have access to an aircraft?	<input type="checkbox"/> Yes or <input type="checkbox"/> No
Do you understand that all pilot members of the Macomb County Sheriff Aviation Reserve Unit are required to participate in the Unit sponsored WINGS Proficiency Awards Program?	<input type="checkbox"/> Yes or <input type="checkbox"/> No
Have you read and do you understand the Aviation Reserve unit By-Laws?	<input type="checkbox"/> Yes or <input type="checkbox"/> No

Aircraft Information

Provide information for each aircraft that you may be using as part of this unit.

Registration #	Manufacturer	Model	Airport where based

Owner Information

Please list the name and address of the owner for each aircraft listed.

Registration #	Owner Name:	Address:

A current insurance policy certificate naming each pilot for each approved aircraft showing the minimum liability requirements of this unit will need to be provided to the Board upon acceptance of each pilot applicant into the Aviation Reserve Unit.

Each aircraft intended for use in the Aviation Reserve Unit must be approved by the Board. An inspection by a Board Member of each aircraft's documents and minimum equipment shall be made prior to approval by the Board. This inspection will be made in accordance with Federal Aviation Regulations, Part 91 – subpart C, subpart D and Subpart E.

Experimental aircraft **are** eligible for use in the Unit.

Ultra-light aircraft **are not** eligible for use in the Unit.

REFERENCES:

List three personal references

1	Name:	Home Phone:
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	Address:	Cell Phone:
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2	City, State & Zip Code:	Work Phone:
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	Name:	Home Phone:
		()
3	Address:	Cell Phone:
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	City, State & Zip Code:	Work Phone:
		()

I, the undersigned applicant, do hereby make application for membership in the Macomb County Sheriff's Office Aviation Officer Division. I authorize the Aviation Division Officers and the Macomb County Sheriff's Office to make inquiries and to conduct a background investigation on myself. This will serve to waive any and all rights that I might have under the 1974 Privacy Act, 5 USC 552 A and any claim I might have had under Michigan law on the basis of invasion of privacy.

I further certify that I can and will upon request substantiate all statements and information provided by myself on this application and that all statements are complete and correct to the best of my knowledge.

I also understand that any false statements or erroneous information provided in connection with this application may be cause for rejection of membership.

Applicant's Signature

Witness Signature Date

Date

Witness Name (Please Print)

PLEASE SIGN AND RETURN YOUR COMPLETED APPLICATION TO:

**CAPTAIN WALTER ZIMNY
C/O MACOMB COUNTY SHERIFF'S OFFICE
43565 ELIZABETH ROAD
MT. CLEMENS, MI 48043**