



## Carver County Sheriff's Office Citizen's Advisory Council Application

APPLICATION INFORMATION				
NAME LAST, FIRST, MIDDLE, JR/SR		BIRTHDATE (MUST BE 18)	HOME PHONE#	
MAIDEN NAME (IF APPLICABLE) OR ALIAS				
STREET ADDRESS		CITY	COUNTY	STATE
				ZIP CODE
PLACE OF EMPLOYMENT			JOB TITLE	WORK PHONE
GENDER	E-MAIL ADDRESS		MN DRIVERS LICENSE OR ID NUMBER	
EMERGENCY CONTACT INFORMATION				
NAME (LAST, FIRST, MIDDLE, JR/SR)		RELATIONSHIP	TELEPHONE #	

- Have you ever been convicted of a crime?  YES  NO  
If yes please explain: \_\_\_\_\_
- Do you have any physical limitations or health conditions we should be aware of:  YES  NO  
If yes please explain: \_\_\_\_\_
- Please briefly describe your interest in the Carver County Sheriff's Citizen's Advisory Council:

DATA PRACTICES ADVISORY			
<p><b>The Minnesota Data Practices Act requires that you be advised of the following information:</b> As an applicant for the Carver County Sheriff's Office Citizen's Advisory Council, you are being asked to provide private and/or confidential data about yourself which will be used to check criminal histories, arrest records and warrant information to determine your eligibility.</p> <p>You may refuse to provide this information; however should you choose to do so, the investigation cannot be completed and will result in your application being denied. The information that you provide will be used by this agency to complete its investigation, and may be shared with other law enforcement agencies.</p> <p style="text-align: center;"><b>_____ I HAVE READ AND UNDERSTAND THE ABOVE DATA PRACTICES ADVISORY</b></p>			
APPLICANT SIGNATURE			DATE
FOR SHERIFF'S OFFICE USE ONLY			
MN DRIVERS LICENCSE PRINTOUT		HENNEPIN WARRANTS	
MNCIS/NCIC		RAMSEY WARRANTS	
B.C.A.		CARVER COUNTY RECORDS	
		BACKGROUND CHECK BY	

**Carver County Sheriff's Office Citizen's Advisory Council**

**Supplemental Questions**

- 1. What experiences do you have with Law Enforcement and/or the Carver County Sheriff's Office?**

- 2. How long have you lived in Carver County?**

- 3. Please explain your interest in this council:**

- 4. What skills/ knowledge can you bring to the group (if any)?**

- 5. Is there any other information you would like us to know?**

**PLEASE RETURN THIS APPLICATION TO:**

Lt. Lance Pearce  
Carver County Sheriff's Office  
606 East 4th Street Chaska, MN 55318

OR email to:

[lpearce@co.carver.mn.us](mailto:lpearce@co.carver.mn.us)