



MARK A. HACKEL

OFFICE OF THE SHERIFF

Kent B. Lagerquist
UNDERSHERIFF

**MACOMB COUNTY SHERIFF
AVIATION RESERVE UNIT APPLICATION**

NAME

LAST FIRST MIDDLE INITIAL DATE OF BIRTH

ADDRESS

STREET CITY STATE ZIP

WORK PH. #

HOME PH. #

CELL PH. #

EMAIL

S.S.N.

DRIVER LIC. #

Type of personal medical insurance coverage:

Carrier name Membership #

In case of emergency, contact: NAME PHONE NUMBER

Are you a licensed pilot? Yes No

Pilot Certificate # Total Time Hours

Certificates and ratings held:

Do you own or have access to an aircraft? Yes 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? Yes No

Have you read and do you understand the Aviation Reserve Unit By-Laws? Yes _____ No _____

Background Investigation: A background investigation will be conducted by the Macomb County Sheriff's Office with the acceptance of this application and you will be required to submit signed waivers so that references may be interviewed.

INITIALS

Probation: Once accepted into the Aviation Reserve Unit you will begin a one year probation period. During this probation you must complete all training, meeting, and event requirements to successfully complete the probationary period.

INITIALS

I understand that as an Aviation Reserve Officer my police authority and duties are restricted to operating an aircraft as a pilot or a spotter in support of regular police officers on the ground.

INITIALS

Have you ever been issued a traffic violation? Yes _____ No _____

If yes, please indicate the citing charge, department and disposition of the citation.

Have you ever been arrested? Yes _____ No _____

If yes, please indicate the arresting charge, department and disposition of the case.

Wages: There is no pay for services

INITIALS

Fees and dues: There is an initiation fee of \$100.00 and yearly dues of \$10.00. These fees and dues cover Unit costs for credentials and are required upon acceptance to the Aviation Reserve Unit.

INITIALS

Family Status:

Single _____ Married _____ Divorced _____ # of Dependents _____

Employment History:

Company name currently employed at: _____

Company Address: _____

Current position: _____

Please list your days and hours of work: _____

General questions:

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

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

References: Please list three references.

Name	Address	Phone #
1).	_____	_____
2).	_____	_____
3).	_____	_____

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

Aircraft Information: *

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

<u>Manufacturer</u>	<u>Model</u>	<u>Registration #</u>	<u>Airport where based</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

<u>Registration #</u>	<u>Owner name and address</u>
_____	_____
_____	_____
_____	_____
_____	_____

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.

Applicant Signature: _____ Date: _____