



APPLICATION FOR MEMBERSHIP COLORADO RANGERS/COLORADO MOUNTED RANGERS



Protecting Colorado Since 1861

Personal Data:

Troop _____

Fill in all areas of this application. If an area does not apply to you enter NA. If more space is needed for your answer please use a blank sheet of paper and attach to application.

Name: _____ **Date:** _____
(Last) (First) (Middle) (Jr / Sr.) (Alias/Nick) SSN: _____

Home address: _____ **Phone:** () _____

Business address: _____ **Phone:** () _____

D. L. Number & State: _____ **D.O.B.:** __/__/__ **Age:** ____ **Place of Birth:** _____

Married: ____ **Years:** ____ **Dependents:** ____ **Spouse Name:** _____ **Blood Type:** _____

Height: ____ **Weight:** ____ **Hair:** ____ **Eyes:** ____ **Marks/Scars:** _____ **U.S. Citizen:** _____

Health and Physical condition (in your opinion): Excellent ____ Good ____ Fair ____ **Physical limitations:** _____

Military Service: Branch _____ **From:** _____ **To:** _____ **Rank:** _____ **Submit copy of DD 214**

Education:

	Name and Location of School	Years Attended	Curriculum	Graduated
Grammar	_____	_____	_____	_____
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
Other	_____	_____	_____	_____

Employment History:

Month Day Year	Employers Name and Address:	Position:	Reason for Leaving
From: _____	_____	_____	_____
To: _____	_____	_____	_____
From: _____	_____	_____	_____
To: _____	_____	_____	_____
From: _____	_____	_____	_____
To: _____	_____	_____	_____
From: _____	_____	_____	_____
To: _____	_____	_____	_____

Personal References:

Name of Person(s)	Address	Phone #:	Occupation	Years Known	Can We Contact
_____	_____	() _____	_____	_____	_____
_____	_____	() _____	_____	_____	_____
_____	_____	() _____	_____	_____	_____

Are You Now, or Have You ever been a member of a subversive group? _____ If Yes, What? _____

Languages: Read _____ Write _____

Are you willing to take a loyalty oath? _____ If NO, Why? _____

Have you ever been charged or convicted with a felony? _____ If yes What? _____

When: _____

ALL NEW APPLICANTS SHALL BE QUESTIONED ABOUT POSSIBLE DRUG USE PAST AND PRESENT!!

Are you now or have you ever used any illegal drugs? _____ If yes , What? _____

When? _____

Have you ever abused any legal drugs? _____ If yes, What? _____

When? _____

Are you now or have you ever been a member of AA? _____ If yes , When _____

Are you currently on any type of medication? _____ If yes What? _____

Are you willing to attend local Emergency Preparedness or Law Enforcement School/Academies? __ Out of Town? __

List any previous experience in Emergency Preparedness, Law Enforcement or Emergency Services: _____

Why do you want to become a Colorado Ranger/Colorado Mounted Ranger? (Be Specific) _____

Please number the areas below, in order of preference, that you would like to be assigned to within the Troop;

Traffic _____ Communications _____ Patrolling _____ Administrative _____

List all Law Enforcement / Safety Equipment you presently own: _____

Person to Notify in case of an Emergency:

Name Address () Phone Relationship

Please List any other pertinent information you feel would help in your selection as a Ranger: _____

I FULLY UNDERSTAND THE COLORADO RANGERS / COLORADO MOUNTED RANGERS ARE A VOLUNTEER AND NON-PROFIT ORGANIZATION. FUTHERMORE THERE WILL BE NO REIMBURSEMENT FOR ANY EXPENSES INCURED. THE COLORADO RANGER / COLORADO MOUNTED RANGERS HAVE MY PERMISSION TO CHECK C.B.I. RECORDS, F.B.I. RECORDS AND LOCAL CITY / COUNTY POLICE RECORDS. I FULLY UNDERSTAND THAT ANY WILLFULL MISREPRESENTATION OR FALSIFICATION OF INFORMATION CONTAINED ON THIS APPLICATION, IS GROUNDS FOR REFUSAL OF THE APPLICATION OR IMMEDIATE DISMISSAL FROM THE COLORADO RANGERS / COLORADO MOUNTED RANGERS.

Signature of Sponsor

Badge #

Signature of Applicant

FOR OFFICAL USE ONLY

C.B.I. CHECK _____ By _____ Date ___/___/___

Troop Captain Initials _____ Date ___/___/___

F.B.I. CHECK _____ By _____ Date ___/___/___

Troop 1st LT Initials _____ Date ___/___/___

P.D CHECK _____ By _____ Date ___/___/___

Troop Officer Initials _____ Date ___/___/___

S.O. CHECK _____ By _____ Date ___/___/___

Original to Troop # _____ By _____ Date ___/___/___

Copy to Squadron Secretary By _____ Date ___/___/___

Remarks: _____