

**CHINO MOUNTED POSSE**  
**Volunteer Employee Information Form**

Date \_\_\_\_\_

Last Name \_\_\_\_\_ Middle int \_\_\_\_\_ First Name \_\_\_\_\_

Suffix \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

Hair Color \_\_\_\_\_ Eye color \_\_\_\_\_

Race \_\_\_\_\_

CDL# \_\_\_\_\_ SS# \_\_\_\_\_

Date of Birth \_\_\_\_\_ Rank \_\_\_\_\_

ID# \_\_\_\_\_ Assigned Unit \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_

Telephone# HM \_\_\_\_\_

WK \_\_\_\_\_

Cell \_\_\_\_\_

Blood type \_\_\_\_\_

Medical alerts \_\_\_\_\_

\_\_\_\_\_

Emergency contacts-

Name	Relationship	Phone#
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1. \_\_\_\_\_

2. \_\_\_\_\_

Education (years of school, degree) \_\_\_\_\_

Status applied for MOUNTED \_\_\_\_\_ NON-MOUNTED \_\_\_\_\_

Horse(s) name \_\_\_\_\_

Breed \_\_\_\_\_

Age \_\_\_\_\_