

OFFICE OF  
**Marinette County Sheriff Office**  
Jerry Sauve, Sheriff

**MARINETTE COUNTY SHERIFF AUXILIARY**

The Marinette County Sheriff Auxiliary is a volunteer organization. Auxiliary members will assist the Marinette County Sheriff Office and other law enforcement agencies as directed by the Sheriff, Deputy Sheriff, or other certified law enforcement officers.

The Auxiliary member will not have arrest powers except at the demand of the Sheriff or a Deputy Sheriff.

Auxiliary members will be required to attend training classes, including instruction on firearms used by Sheriff Department Personnel. Auxiliary members will not carry firearms. The Auxiliary member will wear a uniform furnished by the Auxiliary. Auxiliary members will be required to perform 25 to 30 hours per year in the performance of their duties. The Auxiliary member will abide by the Policy and Procedures of the Auxiliary as established by the Sheriff. Any infraction of the Auxiliary Rules and Regulations and Rules of Conduct will result in dismissal of the member as outlined in the Auxiliary Policies and Procedures.

Upon completion of your application, return it to the Marinette County Sheriff Office in person or by mail.

Personnel designated by the Marinette County Sheriff will review applications. Applicants will be contacted if the application is considered for the Marinette County Sheriff's Auxiliary.

**Marinette County Sheriff's Office**

2161 University Drive  
Marinette, WI 54143

**Phone:** (715) 732-7600

**Fax:** (715) 732-7606

**Website:** <http://www.marinettecounty.com/departments/?department=60db32ecffe7>

**MARINETTE COUNTY SHERIFF AUXILIARY**  
**QUALIFICATIONS FOR APPLICATION**  
**REGULAR MEMBERSHIP**

1. Have reached his /her 21<sup>st</sup> birthday.
2. Have a basic physical examination, including drug screening, at his/her expense and submit it within 30 days of acceptance to the Auxiliary.
3. Must not have been convicted of a felony or misdemeanor offense.
4. Have a desire to be actively engaged in Auxiliary work.
5. Not be a full time paid member of a fire department.
6. Be willing to comply with such rules, regulations and policies set up by the Sheriff of the Marinette County for the Auxiliary.
7. Have a valid driver's license.
8. Have your photograph and ID taken by representatives of the Marinette County Sheriff Office.
9. Submit to a thorough background check as required by current application form.
10. Sign a document that absolves the Deputy Sheriff you are riding with from any liability in the normal performance of his/her work shift.
11. Not drink any intoxicating liquor twelve (12) hours prior to your duties. Any infraction of this rule will be cause for immediate dismissal.

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Date

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Signature

**RETURN WITH APPLICATION**

**MARINETTE COUNTY SHERIFF AUXILIARY**  
**APPLICATION FORM**

(Please Print)

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NAME \_\_\_\_\_ SEX M \_\_\_ F \_\_\_  
LAST FIRST MIDDLE

ADDRESS \_\_\_\_\_  
STREET CITY ZIP CODE

HOME PHONE ( ) \_\_\_\_\_ BUSINESS( ) \_\_\_\_\_ CELL( ) \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_

PROFESSION OR WORK \_\_\_\_\_

EMPLOYER \_\_\_\_\_

EMPLOYER ADDRESS \_\_\_\_\_  
STREET CITY ZIP CODE

SPOUSE \_\_\_\_\_ NUMBER OF CHILDREN \_\_\_\_\_  
FIRST NAME MIDDLE

NEXT OF KIN \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

**EDUCATION**

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HIGH SCHOOL DIPLOMA YES \_\_\_ NO \_\_\_ YEAR \_\_\_\_\_

COLLEGE YES \_\_\_ NO \_\_\_ YEARS \_\_\_\_\_ DEGREE \_\_\_\_\_

POLICE SCHOOL YES \_\_\_ NO \_\_\_ DIPLOMA \_\_\_\_\_ YEAR \_\_\_\_\_

OTHER TRAINING \_\_\_\_\_

FIRST AID YES \_\_\_ NO \_\_\_ YEAR \_\_\_\_\_ MULTIMEDIA \_\_\_\_\_

OTHER \_\_\_\_\_

CPR TRAINING YES \_\_\_ NO \_\_\_ YEAR \_\_\_\_\_

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**EMPLOYMENT (POLICE WORK)**

EMPLOYER \_\_\_\_\_ DATE OF EMPLOYMENT \_\_\_\_\_

EMPLOYER'S ADDRESS \_\_\_\_\_  
STREET CITY ZIP CODE

PHONE \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

JOB TITLE \_\_\_\_\_

DUTIES \_\_\_\_\_

