



MARINE SAFETY RESERVE UNIT APPLICATION

Name:	Social Security Number:	
Present Address:	Driver's License Number:	
City:	State:	Zip Code:
Home Telephone Number:	Work Telephone Number:	Cell Phone Number:
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E-mail Address:		Date of Birth:

Requirements for the position of Marine Safety Officer:

- Minimum age 25 years
- Submit to an interview
- Willing to work a minimum number of hours
- All applicants must pass a background check
- Must possess a valid MI Drivers License

Training: Initial training is approx. 90 hours in the following areas. Please check if you have training in any of these areas:

CPR/AED	Marine Safety Law
First Aid	Michigan Boater Safety Instructor
Swimming/Lifesaving	Firefighting
Firearms	Radio Communications
Boater's Safety Card	Report Writing

INITIAL COSTS/YEARLY FEES WILL BE EXPLAINED DURING INTERVIEW/ORIENTATION.

Equipment:	You must provide your own uniform (Shirt, pants, jacket, shoes, hat and optional winter uniform).
Wages:	This is a volunteer position. There is no pay for your services.
Participation:	All unit members are required to perform a minimum number of hours of service per year. This includes parades, boat shows, special events, maintenance duty, communications duty, boat patrol and instructing boating safety courses.

Yearly Training Requirements:	Approximately 20 hours of refresher training a year. This does not include twice-yearly firearms qualification and F.A.T.S. Training. Swim test is required once each year.		
Membership Meetings:	Regular membership meeting attendance is required.		
Physical Requirements:	Swim test – 75 yds. (your choice of style) followed by 5 minutes of treading water. You must be able to perform functions of the duties necessary for this position.		
Conduct & By-laws:	The Macomb County Marine Safety Officer Program is governed by it's own by-laws and the Operations Manual of the Macomb County Sheriff's Office. You must comply with such regulations. Failure to do so will result in punitive action up to and including dismissal from the Marine Program.		
Probation:	One year probation. During this time, you are required to successfully complete all training and work assignments.		
Background Investigation:	A background investigation will be conducted with the acceptance of this application. You will be required to submit signed waivers so that references may be contacted.		
	1. Do you understand you may be required to carry a weapon?	Yes	No
	2. Do you understand that you will not have police authority except when on duty with a regular police officer?	Yes	No
	3. Have you ever been arrested?	Yes	No
	4. Have you ever been issued a traffic violation or marine citation?	Yes	No
If you answered yes to question 3 or 4 above, please indicate the arresting/citing department, the arrest/violation charge and the disposition of the case:			

Employment History (Current or Previous)

Company Name:

Current/Previous Position:

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Address:

Phone Number:

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City:

State:

Zip Code:

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Please list your regular work schedule:

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Family History:

Married

Single

Divorced

Dependents #

Please write a short narrative about yourself, list any boating experience and your reason for applying to this unit:

REFERENCES:

List three personal references

1	Name:	Home Phone:
		()
	Address:	Cell Phone:
2		()
	City, State & Zip Code:	Work Phone:
		()
3	Name:	Home Phone:
		()
	Address:	Cell Phone:
		()
	City, State & Zip Code:	Work Phone:
		()

I, the undersigned applicant, do hereby make application for membership in the Macomb County Sheriff's Office Marine Safety Officer Division. I authorize the Marine Safety Officers and the Macomb County Sheriff's Office to make inquiries and to conduct a background investigation on myself. This will serve to waive any and all rights that I might have under the 1974 Privacy Act, 5 USC 552 A and any claim I might have had under Michigan law on the basis of invasion of privacy.

I further certify that I can and will upon request substantiate all statements and information provided by myself on this application and that all statements are complete and correct to the best of my knowledge.

I also understand that any false statements or erroneous information provided in connection with this application may be cause for rejection of membership.

Applicant's Signature

Witness Signature

Date

Date

Witness Name (Please Print)

PLEASE SIGN AND RETURN YOUR COMPLETED APPLICATION TO:

CAPTAIN DAVID DANIELS
C/O MACOMB COUNTY SHERIFF'S OFFICE
43565 ELIZABETH ROAD
MT. CLEMENS, MI 48043