



ESCAMBIA COUNTY SHERIFF'S OFFICE
CIVILIAN OBSERVER PROGRAM
 Consent for Background Investigation

Name: _____
 Last First Middle

Maiden Name: _____ Date of Birth: _____

Driver's License Number: _____ State: _____

Race: _____ Sex: _____ SSN: _____

Home Address: _____

Home Telephone: _____ Business Telephone: _____

Occupation: _____ Business Name: _____

Business Address: _____

Emergency Contact Person: _____
 Name Relationship Phone

In consideration of my request to participate in the Escambia County Sheriff's Office Civilian Observer Program, I am authorizing the Sheriff's Office to conduct a background investigation, including, but not limited to, the records checks listed below.

_____ Participant

***Note: Please attach a copy of your driver's license.**

RECORDS CHECK			
QUERY TYPE	DATE	RESULTS	INITIAL
ECSO CIVIL			
LOCAL RECORDS			
NCIC/FCIC			
LOCAL WARRANTS			

It is imperative that a deputy sheriff OR an ECSO approved designee sponsor your participation in the program.

Deputy/Approved Designee Sponsor: _____ Radio #: _____
Assignment/Shift: _____

Relationship of Rider to Deputy/Approved Designee Sponsor: _____

If you are claiming EXEMPT STATUS from the above policy mandate, please explain your reason, below:

Brief synopsis of rider's objective to participate in Civilian Observer Program:
