



## Worcester County Reserve Deputy Sheriff's Association

*Lewis G. Evangelidis, Sheriff*

*240 Main Street*

*Worcester, MA 01608*

*Phone: (508) 796-2638*

*Fax: (508) 831-9838*

[www.worcestercountysheriff.com](http://www.worcestercountysheriff.com)

### INSTRUCTIONS

Thank you for your interest in the Worcester County Reserve Deputy Sheriff's Association. As you may know, WCRDSA was founded over twenty years ago and is a 501c3 tax-exempt charitable organization that has donated thousands of dollars to hundreds of worthy charitable groups and organizations throughout Worcester County.

This is not a law enforcement position and you will not be considered employed by the Worcester County Sheriff's Office. This is a charitable organization which strives on volunteers for the various functions held throughout the year and throughout Worcester County.

To apply to be a member, please read each question and answer carefully to avoid making any false statements. Please also provided a copy of a valid driver's license or picture ID. If your application is favorably considered, the WCRDSA Executive Board will notify you. In addition to the notification of approval, you will receive specific directions concerning the appointment process. At the time of your approval you will be required to pay a \$60.00 membership fee, which an official commission of membership and an identification card. Out-of-County applicants are required to pay a \$85.00 membership fee, and Out-of-State applicants are required to pay \$110.00 membership fee. If you have any questions, please call 508-796-2638. **Please do not send a fee with this application.**

#### **Please mail the completed application to:**

The Worcester County Reserve Deputy Sheriff's Association  
240 Main Street  
Worcester, Massachusetts 01608



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## **WORCESTER COUNTY RESERVE DEPUTY SHERIFF APPLICATION**

(DO NOT SEND PAYMENT WITH THIS APPLICATION)

PLEASE TYPE OR PRINT CLEARLY

**REQUIRED: COPY OF A VALID DRIVER LICENSE OR PICTURE ID**

### PERSONAL

APPLICANT'S FULL NAME: \_\_\_\_\_ MALE/FEMALE  
(PLEASE CIRCLE)

CURRENT RESIDENCE: \_\_\_\_\_  
(PHYSICAL ADDRESS- POST OFFICE BOX NOT ACCEPTABLE)

\_\_\_\_\_  
(CITY/TOWN) (STATE) (ZIP CODE) (COUNTY)

LENGTH OF TIME AT THIS ADDRESS: \_\_\_\_\_

MAILING ADDRESS (IF APPLICABLE): \_\_\_\_\_

HOME TELEPHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

LAST 4 OF SOCIAL SECURITY #: xxx-xx-\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_  
CITY/TOWN)(STATE) (COUNTRY)

MARITAL STATUS: \_\_\_\_\_ SPOUSE'S NAME: \_\_\_\_\_  
(FIRST) (MIDDLE INITIAL) (MAIDEN) (LAST)

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ COLOR OF EYES: \_\_\_\_\_ COLOR OF HAIR: \_\_\_\_\_

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CURRENT EMPLOYMENT

EMPLOYER: \_\_\_\_\_ POSITION: \_\_\_\_\_

EMPLOYER'S ADDRESS: \_\_\_\_\_  
(STREET ADDRESS)

\_\_\_\_\_  
(CITY/TOWN) (STATE) (ZIP CODE) (COUNTY)

NAME OF SUPERVISOR: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_

EDUCATION

PLEASE LIST SCHOOLS, COLLEGES AND/OR UNIVERSITIES THAT YOU HAVE ATTENDED SINCE AGE 18:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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MILITARY SERVICE

SERVICE: \_\_\_\_\_ SERVICE NUMBER: \_\_\_\_\_

RANK: \_\_\_\_\_ DATES OF SERVICE: \_\_\_\_\_

DISCHARGE: \_\_\_\_\_  
(IF OTHER THAN HONORABLE- PLEASE EXPLAIN ON A SEPARATE SHEET OF PAPER)

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ANY OTHER PERTINENT DATA AND/OR AN EXPLANATION AS TO WHY YOU WOULD LIKE TO BECOME  
A MEMBER OF THE WORCESTER COUNTY RESERVE DEPUTY SHERIFF'S ASSOCIATION:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**GO TO NEXT PAGE**

HAVE YOU EVER BEEN **CHARGED** WITH ANY CRIMINAL VIOLATIONS? \_\_\_\_\_ NO \_\_\_\_\_ YES

IF YOU ANSWERED **YES**, PLEASE ATTACH A WRITTEN EXPLANATION.

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I CERTIFY THAT THE STATEMENTS MADE HEREIN AND OTHER INFORMATION GIVEN BY ME PURSUANT TO MY BECOMING A RESERVE DEPUTY SHERIFF ARE TRUE, COMPLETE AND CORRECT AND ARE MADE IN GOOD FAITH. I ACKNOWLEDGE THAT ANY FALSE STATEMENT IN THIS APPLICATION WILL BE CAUSE FOR REVOCATION OF THIS APPOINTMENT.

APPLICANT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

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REFERENCES (NOT PREVIOUS EMPLOYERS OR RELATIVES)

The following certificate must be signed by **FOUR** persons, of whom one must be a **LAW ENFORCEMENT OFFICIAL AND/OR CURRENT MEMBER OF THE WORCESTER COUNTY RESERVE DEPUTY SHERIFF ASSOCIATION** in good standing.

We, the undersigned, certify under pains and penalties of perjury that the applicant: (1) is known to each of us; (2) is of high standing and character; and (3) is in every way fitted to be sworn-in as a Reserve Deputy Sheriff. We are willing that this certification be made public, if necessary.

1.	_____	_____
	(Signature)	(Printed Name)
	_____	_____
	(Address)	(Daytime Phone)
2.	_____	_____
	(Signature)	(Printed Name)
	_____	_____
	(Address)	(Daytime Phone)
3.	_____	_____
	(Signature)	(Printed Name)
	_____	_____
	(Address)	(Daytime Phone)
4.	_____	_____
	(Signature)	(Printed Name)
	_____	_____
	(Address)	(Daytime Phone)

***GO TO NEXT PAGE***



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**AUTHORIZATION FOR RELEASE OF SPECIAL INFORMATION IN  
CONNECTION WITH APPLICATION FOR APPOINTMENT AS A RESERVE  
DEPUTY SHERIFF**

The subject matter of this authorization is for the purpose of providing full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the Sheriff of Worcester County, Massachusetts, to consider in determining my suitability for an appointment as a Reserve Deputy Sheriff. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be.

I, understand that any information obtained by this investigation, subject to this authorization will be considered in determining my suitability to and in the desired position by the Sheriff of Worcester County, Massachusetts. I have had explained to me and I fully understand that the refusal to grant this authorization will not, of itself, constitute a basis for rejection of my application.

A photocopy of the authorization and release will be valid as original hereof, even though the said photocopy does not contain an original writing of my signature.

\_\_\_\_\_  
Signature

XXX-XX-\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_

Social Security Number/ Date of Birth

Date: \_\_\_\_\_

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**Attach a copy of a valid driver's license or picture id to application**

Please mail this application completed in its entirety to:

The Worcester County Reserve Deputy Sheriff's Association

240 Main Street

Worcester, MA 01608

**DO NOT** send any payment with this application.

**FOR OFFICIAL USE ONLY:**

BOP CHECK COMPLETE: \_\_\_\_\_ APPROVED: \_\_\_\_\_ DENIED: \_\_\_\_\_

PENDING FURTHER REVIEW: \_\_\_\_\_

ADDITIONAL COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_