



S. H. A. P. E / Special Deputy

Onondaga County Sheriff's Office

Sgt. Jon Seeber

407 South State Street

Syracuse, NY 13202

Tel: 315-435-3033 Fax: 315-465-3043



S. H. A. P. E. Program Application

SHERIFF'S ACCESIBLE PARKING ENFORCEMENT

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____

City/Town: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

Date of Birth: _____ M/F: _____ Social Security Number: _____

Do you have a physical disability? Yes No

If yes, do you use a wheelchair? Yes No

Do you have transportation? Yes No

(NOTE: Minimum insurance required for your vehicle is \$500,000.00 liability and \$50,000 property damage.)

Have you ever been arrested? Yes No

Do you have a pistol permit? Yes No

How did you hear about the S. H. A. P. E. Program? _____

What is your reason for volunteering? _____

(If more space required please us back of application.)

Signature: _____ Date: _____

SEND APPLICATION TO: S. H. A. P. E. • POST OFFICE BOX 98 • BALDWINVILLE, NY 13027-0098