

**NYC Parks Mounted Auxiliary Unit, Inc.
Auxiliary Officer Candidate Questionnaire**

Personal Information:

Name: _____ Date of Birth: ___/___/___

Address:

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Fax #: _____

Email Address (**Important – most of our correspondence is sent via email**)

Emergency Information:

Name of Emergency Contact: _____

Emergency Contact Phone: _____ Relationship: _____

General Information:

What days of the week will you be available? (circle all that apply) M T W Th F Sa Su

Which borough(s) do you prefer to ride in? (**Auxiliary Officers should be available to patrol in any borough**) (circle all that apply) Manhattan Bronx Staten Island

Do you have any disabilities that would prevent you from performing the duties of the position for which you are being considered? Yes No

If yes, please explain: (if additional space is needed write on the back)

What type of fitness or sports activities do you engage in regularly (other than riding)?

Have you ever been convicted of an offense anywhere? (background check will be done) Yes No
Are any criminal charges pending against you? Yes No

If yes, please explain: (if additional space is needed write on the back)

Have you ever done volunteer work before? Yes No

If yes, what kind of service was it and how frequently did you work?

Why do you want to volunteer with the NYC Parks Mounted Auxiliary Unit?

At times you will be called upon to volunteer your time working on functions other than patrolling (example: preparing a horse for a special event, conducting inventory, providing horse care etc.) (Every Auxiliary Officer must sign up for at least 1 Special Event annually.) Would that present a problem? Yes No

If yes, please explain:

Please describe any experience you have in the field of law enforcement, either in a paid position or as a volunteer (i.e. NYPD Auxiliary, Neighborhood Watch etc.)

Please describe any medical training you have had (i.e. Emergency Medical Technician, Paramedic, First Aid, CPR etc.)

Do you have a valid Driver License? Yes No What Class? _____

Was any license/certificate held by you ever suspended, restricted, or revoked or have you ever been censured or disciplined by any licensing or certifying organization? Yes No
If yes, please specify type of license of certificate, action taken, date, and reason for the action:

Would you be able to attend a 6-to-8 week training academy? (Will be held one day a week in the evening.) Yes No
If no, please explain:

How many years have you been riding? _____
How frequently do you ride? (daily, weekly, monthly, on vacations etc.) _____
Please describe your riding in the last 6 months: (Include number of times per week/month, lessons/training, competitions etc.)

Do you feel comfortable and in control at the walk, trot (both posting and sitting), and canter (with and without stirrups)? Yes No (You will be tested on this.)
If no, please explain:

Do you ride English or Western? _____
What discipline(s) are you involved in? (reining, dressage, jumping, eventing, driving, racing, polo or trail riding): _____
Do you take lessons? Yes No If yes, how often? _____
Do you compete? Yes No
If yes, please explain:

Do you have experience with formation riding such as pas de deux, quadrilles, or drill teams?
Yes No
If yes, please explain:

Have you ever owned your own horse? Yes No

Do you groom and tack up your horse when you ride? Yes No

If no, please explain why:

What other stable work do you do on a regular basis?

Which of the following could you do with confidence? (These skills are not required; we just want to know if you have them). Check all that apply.

- Put on shipping boots**
- Put on polo wraps**
- Pull a mane**
- Clip a bridle path**
- Trim excess hair/whiskers on horse's face/head**
- Give an IM injection**
- Clean a stall**
- Lunge a horse**
- Safely lead a horse onto and off of a trailer**
- Call the veterinarian and describe an injury using the correct anatomical terms**
- Reassemble a bridle that has been taken apart**

Please list other skills you have (example: photography, working with children, writing, public relations etc.)

Please return completed questionnaire to:

**NYC Parks & Recreation
Mounted Division
Attn: Sgt. G. Vazquez III
1234 5th Avenue
New York, NY 10029**