



SPOKANE COUNTY SHERIFF'S OFFICE
TRAINING ANNOUNCEMENT
ESCORT TRAINING



DATE: September 12th, 2013

LOCATION: SCSO

COST: \$25.00

DESCRIPTION: This is a one day class hosted by the Spokane County Motor Unit with emphasis on Motor Escorts. Conducting escorts is the most dangerous job done by Motors. This class will cover the basics of how to organize, plan, and conduct escorts safely. Class will begin with a power point at the training center. It is then onto the road where a minimum of three escorts will be done throughout the Spokane County area with preplanned routes. A strong emphasis on safety will be continually enforced throughout the day with debriefs following each escort run.

Each participant should have the proper motorcycle riding safety gear along with attire for the days' weather conditions. Motorcycles shall be in good working condition along with road worthy tires and brakes that can handle higher speeds. It is **strongly** suggested that each rider possess a minimum of one year of riding experience and a higher than average skill level.

REGISTRATION: Deputy Jeremy Jeske (509) 477-3211

jbjeske@spokanesherriff.org

* See attached registration form *



Spokane County Sheriff's Office – Training Unit

GENERAL COURSE APPLICATION

1. GENERAL INFORMATION		
Applicant's Name: (Last) (First) (Middle)		
Title/Rank:	Applicant's Personnel Number:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Primary Duty Assignment:		Agency:
Agency Phone:	Agency Fax:	Applicant's Agency E-Mail Address: @
Agency Mailing Address: (Street or PO Box) (City) (Zip)		
IF THIS APPLICANT REQUIRES SPECIAL CLASSROOM ACCOMODATION, PLEASE MAKE REQUEST ON A SEPARATE SHEET AND ATTACH TO THIS APPLICATION.		
2. COURSE INFORMATION		
Course Title:		Location of Course:
Course Dates:		
3. MANDATORY-MUST BE COMPLETED TO BE CONSIDERED FOR SELECTION		
In determining eligibility of this applicant , the Spokane County Sheriff's Office will consider any special need or purpose which the applicant or his/her agency may have regarding the requested course or training. Comments: _____ _____		
4. TRAINING COORDINATOR EMAIL ADDRESS (MANDATORY!) →	@	Confirmation is sent via email, please make sure this section is complete.
5. AUTHORIZATION		
Agency Representative Authorizing Attendance: Name _____ Signature _____	Title _____ Date _____	
Return completed application form to: Deputy Jeremy Jeske by email, bjjeske@spokanesherriff.org or fax (509) 477-6975. For more information regarding the application process, please call (509) 477-3211.		

SCSO USE ONLY	
Confirmation Notice Sent? <input type="checkbox"/>	Date: _____
Cancellation Notice Sent? <input type="checkbox"/>	Date: _____
Paid? <input type="checkbox"/>	Check #: _____ Date Received: _____
Did the Student Withdraw? Yes <input type="checkbox"/>	Date: _____
Check Returned? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Date: _____
Comments:	