

Application

to become



Member



A State and Nationally Accredited
Law Enforcement Agency



SHERIFF MIKE PRENDERGAST



A.R.E.S. VOLUNTEER APPLICATION

The Sheriff's Office is an Equal Employment Opportunity Employer. We consider volunteers for all programs without regard to race, color, national origin, sex, age, disability, marital status, religion or any other legally protected status.

County of Citrus

Date Submitted: ___/___/___

INSTRUCTIONS

Applications must be typewritten or printed legibly. All questions must be answered. Applications which are not complete will not be considered. If space is not sufficient for complete answers or you wish to furnish additional information, attach sheets of the same size as this application, and number answers to correspond with questions.

PERSONAL HISTORY

1. Full Name:

Last Name First Middle Abbv.

Residence Address

City County State Zip Code

Telephone Number (Home) (Other) (E-mail Address)

2. Other: List all other names you have used including circumstances and time periods you used them. (For example: maiden name(s), former name(s), alias(es), or nicknames(s)).

Name	Circumstance	Date From	Date To

BACKGROUND INFORMATION

THIS INFORMATION IS REQUIRED TO CONDUCT BACKGROUND INVESTIGATION ONLY!

1. _____
Date of Birth City County State Country
2. Are you a United States Citizen? ____ Yes ____ No
3. Marital Status:
____ Married ____ Divorced ____ Separated ____ Widowed ____ Never Married

Notice. The Citrus County Sheriff's Office has asked that you provide your Social Security number. The decision to provide your Social Security number is at your option. If you choose to provide your Social Security number, the Citrus County Sheriff's Office will use it for the purposes of identification and may share the information with other agencies for the same purpose. The Citrus County Sheriff's Office's request for your Social Security number is authorized by State Law because use of it is imperative for the office to fulfill its lawful duties and responsibilities.

4. Social Security Number: _____

EDUCATION / TRAINING

1. Indicate any foreign languages you speak, read or write:

2. Indicate any special training, skills, hobbies or talents that may be useful for the position you are applying for:

FCC Amateur Radio License Number/Call Sign:

DRIVING HISTORY

1. Driver's License Number: _____ State: ____ Exp.
2. Has your license ever been suspended or revoked? ____ Yes ____ No
If yes, why? _____
3. Do you have any driver's license restrictions? ____ Yes ____ No
If yes, what type of restriction? _____

ARREST HISTORY / COURT DATA

1. Have you ever been arrested and/or charged with a crime? ____ Yes ____ No
2. Have you ever been detained by a law enforcement officer for investigative purposes or to your knowledge have you ever been the subject of or a suspect in any criminal investigation? ____ Yes ____ No
3. Have you ever been fingerprinted for any reason (arrest, job application, military, etc.)? ____ Yes ____ No

4. If yes to question # 1, #2 or #3, please provide details.

5. Have you or your spouse ever been a plaintiff or a defendant in a court action? (Include any liens, lawsuits, bankruptcy, domestic violence injunctions, etc.)

____ Yes ____ No If you answered yes, give date, place or court, case number, names of involved parties, nature of action, and final disposition.

APPLICANT'S CERTIFICATION

I understand that my ARES volunteer status will be contingent upon the results of a complete background investigation. I am aware that any omission, falsification, misstatement or misrepresentation will be the basis for my disqualification as an ARES volunteer or my dismissal from the Sheriff's Office ARES volunteer program. I agree to the conditions and certify that all statements made by me on this application are true, correct and complete, to the best of my knowledge. I further fully understand and consent to a polygraph examination concerning the veracity of my responses to the information requested on this application or which is discovered as a result of the background investigation, or any physical examination or drug test. I also understand that I may be fingerprinted. I understand that this ARES volunteer application shall become the property of the Sheriff's Office and that it and the information received in response to the background examination are public records.

I further understand and agree that my ARES volunteer status may be contingent upon the results of a complete drug test. I understand that the use of drugs or alcohol is not permitted, during work or duty time, whether paid or unpaid, in the areas, including vehicles, where work is performed by employees, appointees or volunteers. I understand that any prescription drug use that might affect my duties (i.e. driving) must be reported to the ARES coordinator. I understand that any change in my driver's license status must be immediately reported to the ARES coordinator. I understand that my continued status may be contingent upon the results of medical or psychological examinations that I may be required to take during the term of my ARES volunteer status. I further authorize the Sheriff's Office or agent of the Sheriff's Office, without need of further authorization, to obtain medical records allowed by law if I claim rights to payment or receipt of any benefit pursuant to state or federal law. I understand that unless otherwise defined by applicable law, any volunteer relationship with this office is "at will", which means that the Sheriff may discontinue my ARES volunteer status at any time with or without cause and that this "at will" relationship may not be changed unless authorized in writing by the Sheriff. I authorize any of the persons or organizations referenced in this application to furnish information, personal or otherwise, regarding my ability and fitness for ARES volunteer service with the Sheriff's Office and I release all such parties from any and all liability for any damage that might result from furnishing such information to the Sheriff's Office. I agree to conform to the rules, regulations and orders of the Sheriff's Office and acknowledge that these rules, regulations and orders may be changed, interpreted, withdrawn or added to by the Sheriff's Office, at its discretion, at any time and without any prior notice to me.

I understand an investigation will be conducted on all of the information listed on this application. Because of this, are you aware of any information about yourself or any person with whom you are or had been closely associated (including relatives, roommates) which might tend to reflect unfavorably on your reputation, morals, character or ability? ___ Yes ___ No If yes, provide your version or explain fully any such incident.

Signature of Applicant as Usually Written Date

Witnessed By:

BACKGROUND INVESTIGATION WAIVER
Authority for Release of Information

TO: Concerned Person or
Authorized Representative of
Any Organization, Institution
or Repository of Records

APPLICANT'S NAME: _____

DATE OF BIRTH: ____/____/____

SOCIAL SECURITY NO.: _____

EMPLOYING AGENCY REQUESTING BACKGROUND INFO: Citrus County Sheriff's Office

I hereby authorize any employee or authorized representative bearing this release, or copy thereof, to obtain any information in your files pertaining to my employment records including, but not limited to, achievement, attendance, personal history, disciplinary records, medical records, credit records, and criminal history records. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the requesting agency. Consent is granted for the agency to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, and employer, education institution, physician, hospital or other repository of medical records, credit bureau or consumer reporting agency, including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. A photocopy of this form will be as effective as the original.

I hereby authorize the National Records Center, St. Louis, Missouri, or other custodian of my military record to release information or photocopies from my military personnel and related medical records, including a photocopy of my DD 214, Report of Separation, to:

~~Florida State Statute 768.095 titled employer immunity from liability; disclosure of information regarding former employees states: - An employer who discloses information about a former employee's job performance to a prospective employer of the former employee upon request of the prospective employer or of the former employee is presumed to be acting in good faith and, unless lack of good faith is shown by clear and convincing evidence, is immune from civil liability for such disclosure of its consequences. For the purposes of this section, the presumption of good faith is rebutted upon a showing that the information disclosed by the former employer was knowingly false or deliberately misleading, was rendered with malicious purpose, or violated any civil right of the former employee protected under chapter 760.~~

Pursuant to Section 943.13 (4), (5) and (7) F.S., Chapter 2001-94, Laws of Florida, disclosure of information is required unless contrary to state or federal law. Civil penalties may be available for refusal to disclose non-privileged legally obtainable information.

Applicant's Signature _____ Date _____

Applicant's Address _____

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF _____

Before me personally appeared _____ who says that he/she executed the above instrument of his/her own free will and accord, with full knowledge of the purpose therefore.

Sworn and subscribed in my presence this _____ day of _____, _____ . My commission expires on _____ .



Personally Known - or -

Produced Identification

Notary Public _____

Type of Identification Produced:

STATEMENT OF CONFIDENTIALTY

In the process of performing work as a volunteer for the Citrus County Sheriff's Office, it is possible to come in contact with or overhear information that is of a sensitive law enforcement nature or is subject to exemption from the public record laws of the State of Florida.

Any information viewed or overheard is strictly confidential and under no circumstance should be discussed. Any disclosure of information may be grounds for immediate dismissal. You may also be subject to criminal prosecution and or civil penalties.

I certify that I understand this statement of confidentiality and accept its terms and conditions.

Print Name

Volunteer Signature

Date

REFERENCES

List three (3) references (not relatives, former or present employers, fellow employees, or school teachers) who are responsible adults of reputable standing in their communities, such as property owners, business or professional men or woman, who have known you well for the past three (3) years. If retired, give former occupation.

Complete Name:	Home Address: _____
	City, State, Zip: _____
Last, First, Middle	Business Address: _____
Yrs. Acq.	City, State Address: _____
Occupation:	Business Phone: _____

Complete Name:		Home Address: _____
		City, State, Zip: _____
Last, First, Middle		Business Address: _____
Yrs. Acq.	Occupation:	City, State Address: _____
		Business Phone: _____

Complete Name:		Home Address: _____
		City, State, Zip: _____
Last, First, Middle		Business Address: _____
Yrs. Acq.	Occupation:	City, State Address: _____
		Business Phone: _____

COMPLETION

- Did you....
1. **Complete** all sections?
 2. **Sign** the Applicant's Certification Form? Does it have a **witness signature**?
 3. **Complete** the Background Investigation Waiver and have it **notarized**?
 4. **Sign** the Statement of Confidentiality Form

Mail this application or Hand Deliver to:

Citrus County Sheriff's Office
 Emergency Management Section
 ATTN: Bretlee Jordan
 3549 Saunders Way
 Lecanto, Florida 34461



Amateur Radio Emergency Service® ARES® Registration Form



Name:	
Call Sign:	
Mailing Address:	
City, State, ZIP code:	
e-mail address(es):	
Home phone number:	
Work phone number:	
Cell phone number:	
License Class:	

Check bands and modes that you can operate:

MODE	HF	6 meters	2 meters	222 MHz	440 MHz	Others	
SSB							
CW							
FM							
DATA							
PACKET							
Other modes (specify below)							
Mobile Operation							
Go Kit							

Can your home station be operated without commercial power? Yes [] No []

Signature _____ Date _____

Contact ARES® and ARRL Section Leaders in your area: www.arrl.org/sections/.
 Learn about ARRL-sponsored Amateur Radio Emergency Communications Courses:
www.arrl.org/online-course-catalog