

Application

to become a

Sheriff's Volunteer



**A State and Nationally Accredited
Law Enforcement Agency**





CITRUS COUNTY SHERIFF

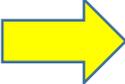
AN EXCELSIOR ACCREDITED LAW ENFORCEMENT AGENCY

SHERIFF
MIKE PRENDERGAST



VOLUNTEER APPLICANT CHECKLIST

In order to be considered for a Volunteer position, you must complete the following:

- Submit a completed Sheriff's Office application, in ink or typewritten, to the CCSO Volunteer Office. Please be sure to complete the **entire** Volunteer application, making sure to provide all requested information.
- Sign the Applicant's Certification form (page 14) and have a witness sign it.
-  Complete the Background Investigation Waiver and have it notarized (page 15).
- Hand deliver or mail the completed application to:

Citrus County Sheriff's Office
Attn: Volunteer Program
1 Dr. Martin Luther King, Jr. Avenue
Inverness, FL 34450

Thank you for your interest in the Citrus County Sheriff's Office Volunteer Program!

If you have any questions about any of our Volunteer areas please contact us at:

**Citrus County Sheriff's Office
Volunteer Program
(352) 746-3484**

**Citrus County Sheriff's Office
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.

Citrus County

Date Submitted: ___/___/___

INSTRUCTIONS

Applications must be typewritten or printed legibly. All questions must be answered. **Applications which are not complete will be returned.** 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	Suffix
Residence Address _____			
_____	_____	_____	_____
City	County	State	Zip Code
_____	_____	_____	
Home Telephone	Mobile Telephone	Email 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

PREVIOUS VOLUNTEER EXPERIENCE

1. Have you previously volunteered with any organization or agency? Yes No

If yes, please list below:

Agency/Organization: _____ Dates of Service: _____
 Agency/Organization: _____ Dates of Service: _____
 Agency/Organization: _____ Dates of Service: _____
 Agency/Organization: _____ Dates of Service: _____

EDUCATION/TRAINING/EXPERIENCE

1. Indicate any foreign languages you can:

	Fluent	Good	Fair
Speak:			
Read:			
Write:			

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

3. Certifications or Licenses (e.g. CDL, EVOC, CPR):

4. Previous Occupation(s): _____

5. Have you ever been dismissed or asked to resign or had any disciplinary action taken against you from **ANY** employment or position you have held? Yes No

6. Have you resigned, or left a job by mutual agreement following allegations of misconduct or unsatisfactory job performance? Yes No

If yes to the questions above, please provide details.

EMPLOYMENT HISTORY

List chronologically, the last four places of employment beginning with present if employed, including summer and part-time employment. If retired, please list the last four previous employers.

Employer: _____	Company Phone: _____
Address: _____	City/State/Zip Code: _____
Supervisor: _____	Phone Number: _____
Position Held: _____	If supervisory, number of employees you supervised: _____
Description of Duties: _____	
Start Date – Month: _____ Year: _____	End Date – Month: _____ Year: _____
Reason for Leaving: _____	

Employer: _____	Company Phone: _____
Address: _____	City/State/Zip Code: _____
Supervisor: _____	Phone Number: _____
Position Held: _____	If supervisory, number of employees you supervised: _____
Description of Duties: _____	
Start Date – Month: _____ Year: _____	End Date – Month: _____ Year: _____
Reason for Leaving: _____	

Employer: _____	Company Phone: _____
Address: _____	City/State/Zip Code: _____
Supervisor: _____	Phone Number: _____
Position Held: _____	If supervisory, number of employees you supervised: _____
Description of Duties: _____	
Start Date – Month: _____ Year: _____	End Date – Month: _____ Year: _____
Reason for Leaving: _____	

Employer: _____	Company Phone: _____
Address: _____	City/State/Zip Code: _____
Supervisor: _____	Phone Number: _____
Position Held: _____	If supervisory, number of employees you supervised: _____
Description of Duties: _____	
Start Date – Month: _____ Year: _____	End Date – Month: _____ Year: _____
Reason for Leaving: _____	

ARREST HISTORY/COURT DATA

1. Have you ever been convicted of a felony?

Yes No

2. Have you ever been detained by any 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

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

4. 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.

DRIVING HISTORY

1. Driver's License Number: _____ State: _____ Exp. _____

2. Do you hold, or have you ever held a driver's license in another state? Yes No
If yes, please provide state(s), name used and approximate dates license(s) was/were held.

3. Do you have any driver's license restrictions? Yes No

If yes, what type of restriction? _____

4. Have you received during the past five (5) years a ticket or been charged with a traffic violation? Yes No

5. Have you ever been denied issuance of a license or have you ever had a license suspended or revoked? Yes No

If yes to questions #4 or #5, please provide complete details including why license was revoked or the disposition of the charge.

6. Have you ever had automobile insurance refused, withdrawn or revoked? Yes No

If yes, please provide complete details.

MILITARY HISTORY

1. Are you registered for Selective Service? Yes No N/A

If yes, your Selective Service Number: _____

Classification: _____ Date of Classification: _____

Address of Local Board: _____

2. Have you ever served in the Armed Forces of the United States? Yes No

3. Date and type of Discharge: _____

4. Was any type of disciplinary action taken against you in the service? Yes No
If yes, please provide:

Date: _____ Place: _____

Nature of Offense: _____

Action Taken: _____

PREVIOUS LAW ENFORCEMENT EXPERIENCE

1. Have you previously volunteered with, or worked for a law enforcement agency?

Yes No

2. If yes, what agency? _____

3. In what area did you work? _____

4. Approximate dates of service: _____

AREA OF INTEREST/AVAILABILITY

1. Please indicate your area of interest below, by selecting a first, second and third choice. If you do not want to volunteer in a particular area select "no interest." The Citrus County Sheriff's Office makes its best effort to place volunteers in their first area of choice. However, not all Volunteer positions may have current openings.

Area	First Choice	Second Choice	Third Choice	No Interest
Crime Watch				
Office Receptionist				
Seniors Vs. Crime				
Public Service Officer				
Posse*				
Communications Dispatcher				
Fingerprinting				
Child ID Program				
Bailiff				
CERT				
Animal Control				
Aviation/T.F.O.				
ARES**				

*Must provide horse, transportation and tack.

**For ARES, please list your FCC Amateur Radio License Number/Call Sign:

2. If there is an area in which you are interested in working that is not listed above, please explain: _____

Florida residency: Full-time Part-time

If part-time, what months are you here? _____

When are you available to work? (Please place an "x" where available.)

	Mornings	Afternoons	Evenings
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

PERSONAL 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 women, who have known you well for the past three (3) years. If retired, give former occupation.

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

ORGANIZATION MEMBERSHIP

1. List all professional, trade businesses or civil activities and offices held:

Name	City & State	Present (list position held & describe activity)

2. Are you now or have you ever been a member of any foreign or domestic organization, association, movement, group or combination of persons which has adopted, or shows a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional means? Yes No

3. At the time of your membership, participation, or contribution, did you know of any unlawful aims of the organization? Yes No

If yes to question #2 or #3, explain including name of organization and location.

DRUG HISTORY - CONFIDENTIAL

The information contained herein MAY BE a confidential medical record under the Americans with Disabilities Act if the applicant is a rehabilitated drug or alcohol abuser or under section 119.07(4)(b)1, Florida Statutes, if the disclosure of the medical information would identify the applicant.

1. Do you currently use any narcotic or controlled substance, such as cannabinoids, PCP, hallucinogen; methaqualone, hashish, cocaine, LSD, amphetamines, heroin, steroid, opiates, barbiturate, benzodiazepine, a synthetic narcotic, a designer drug, or any drug of a similar nature, or have you used such a narcotic or controlled substance with the last year?

Yes No

2. Have you ever illegally experimented with or used any narcotic or controlled substance such as, but not limited to: cannabinoids, PCP, hallucinogen; methaqualone, hashish, cocaine, LSD, amphetamines, heroin, steroid, opiates, barbiturate, benzodiazepine, a synthetic narcotic, a designer drug, or any drug of a similar nature?

Yes No If yes, please complete the following:

a. Drug: _____

b. How taken: _____

c. Last time illegally experimented with or used: _____

3. Do you now or have you ever illegally obtained, possessed, supplied, or sold any narcotic or controlled substance such as, but not limited to: cannabinoids, PCP, hallucinogen; methaqualone, hashish, cocaine, LSD, amphetamines, heroin, steroid, opiates, barbiturate, benzodiazepine, a synthetic narcotic, a designer drug, or any drug of a similar nature?

Yes No If yes, please complete the following:

a. Drug: _____

b. Circumstances: _____

c. Number of times illegally obtained/possessed/supplied/sold: _____

d. First time illegally obtained/possessed/supplied/sold: _____

e. Last time illegally obtained/possessed/supplied/sold: _____

4. Do you now or have you within the last year, abused or illegally obtained, possessed, or sold any prescription drug?

Yes No If yes, please provide details, including drug, date and circumstances.

5. Do you claim to be a rehabilitated alcohol, narcotic or drug user of any of the controlled substances as set forth above? Yes No If yes, please provide details.

I understand that the "Applicant Certification" applies in all respects to the responses provided in this "Drug History."

Signature of the applicant as usually written

Date

Witnessed by:

EMERGENCY CONTACT INFORMATION

Emergency Contact: _____

Relationship: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

HOW DID YOU HEAR ABOUT US?

What made you decide to apply for a Volunteer Position with the Citrus County Sheriff's Office?

Newspaper
Radio
Employee
Internet

Television
Volunteer
School
Other: _____

APPLICANT'S CERTIFICATION

I understand that my 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 a volunteer or my dismissal from the Citrus County Sheriff's Office 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 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 volunteer status may be contingent upon the results of a complete drug test. I understand that the use of illegal drugs is not permitted, during work or off duty, 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 volunteer unit coordinator. I understand that the consumption of alcohol is not permitted while on duty and that I will not report for work while under the influence of alcohol. I understand that any change in my driver's license status must be immediately reported to the volunteer unit 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 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 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 or Designee. I authorize any of the persons or organizations referenced in this application to furnish information, personal or otherwise, regarding my ability and fitness for 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 _____, _____.

Notary Public

Personally Known -or- Produced Identification

Type of Identification Produced:



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