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.

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

_____

LAST NAME FIRST MIDDLE

_____

ADDRESS

_____

CITY COUNTY STATE ZIP CODE

_____

HOME TELEPHONE MOBILE TELEPHONE EMAIL ADDRESS

EDUCATION – TRAINING - EXPERIENCE

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

_____.

2. Certifications or Licenses (e.g. CDC, EVOC, CPR): _____

_____.

3. Previous Occupation(s): _____

_____.

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? ☐ **YES** ☐ **NO**

IF THE ANSWER TO ANY OF THESE QUESTIONS IS YES, PLEASE PROVIDE FURTHER DETAILS. _____

_____.

4. Have you or your spouse ever been a plaintiff or a defendant in a court action? (Include any lien, lawsuits, bankruptcy, domestic violence injunctions, etc.) ☐ **YES** ☐ **NO**

IF YOU ANSWERED YES, GIVE DATE, PLACE OR COURT, CASE NUMBER, NATURE OF ACTION AND FINAL DISPOSITION. _____

_____.

DRIVING HISTORY

Driver License Number: _____State: _____Exp._____

1. Do you hold, or have you ever held a driver license in another state? ☐ **YES** ☐ **NO**

IF YES, PLEASE PROVIDE STATE(S), NAME USED AND APPROXIMATE DATES LICENSE(S) WAS HELD. _____.

2. Do you have any driver license restrictions? ☐ **YES** ☐ **NO**
IF YES, WHAT TYPE? _____.

3. Have you received, during the past five (5) years, a ticket or been charged with a traffic violation? ☐ **YES** ☐ **NO**

IF YES, WHAT TYPE? _____.

4. Have you ever been denied issuance of a license or have you ever had a license suspended or revoked? ☐ **YES** ☐ **NO**

IF YES, PLEASE EXPLAIN_____

_____.

ORGANIZATION HISTORY

1. 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**

2. At the time of your membership, participation, or contribution, did you know of any unlawful aims of the organization? ☐ **YES** ☐ **NO**

IF YES, TO EITHER QUESTION, PLEASE PROVIDE FURTHER DETAILS, INCLUDING THE NAME AND LOCATION OF THE ORGANIZATION. _____

_____.

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 user 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, or have you used in the last year, any narcotic or controlled substance, including 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**

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**

3. Have you ever illegally possessed, supplied, or sold any narcotic or controlled substance including 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, TO QUESTIONS 1, 2 OR 3, PLEASE COMPLETE THE FOLLOWING:

a. DRUG: _____

b. THE LAST TIME YOU ILLEGALLY USED IT: _____

c. THE NUMBER OF TIMES YOU ILLEGALLY POSSESSED, SUPPLIED, SOLD: _____

d. THE LAST TIME YOU ILLEGALLY POSSESSED, SUPPLIED, SOLD IT: _____

_____.

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 EXPLAIN: _____

_____.

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 EXPLAIN: _____

_____.

AREA OF INTEREST

Please indicate your area of interest below, CHECK ALL THAT APPLY. Not all Volunteer positions have current openings.

☐ Animal Control ☐ ARES ☐ Aviation: Tactical Flight Observer

☐ CERT (Community Emergency Response Team) ☐ Child ID ☐ Chaplain

☐ Cold Case ☐ Communications Officer ☐ Crime Watch ☐ Finance

☐ Fleet ☐ Fingerprinting Unit ☐ Investigations ☐ Mail Couriers

☐ Mounted Posse ☐ Public Service Officer (PSO) ☐ Rails to Trails Patrol ☐ Records

☐ Receptionist ☐ Sewing Unit ☐ Seniors vs. Crime ☐ Victim Advocates

Are you a Snowbird? ☐ **YES** ☐ **NO** **What months are you available?**

LETTER OF UNDERSTANDING

The Citrus County Sheriff's Office is a State and Nationally Accredited Law Enforcement Agency. We do not discriminate as to race, color, religion, sex, national origin, or any other protected status.

BY SUBMITTING THIS APPLICATION, YOU ARE AGREEING WITH THE FOLLOWING:

1. The information provided on this form, which is subject to public record laws, is true and any false statements or misrepresentation on this application would be cause for denial of acceptance or termination as a volunteer for Citrus County Sheriff's Office.

2. The information contained in this application will be used for a criminal background check and license check to determine eligibility to drive agency vehicles.

3. The use of illegal drugs is not permitted.

4. Any prescription drug use that might affect duties (i.e. driving) must be reported to the volunteer unit coordinator.

5. Consumption of alcohol, reporting for a shift while intoxicated, or use of any tobacco product is not permitted while on duty or in areas, including vehicles, where work is performed by employees, appointees, or volunteers.

6. The Citrus County Sheriff's Office could require you to be fingerprinted, take a drug test, or complete a physical or psychological examination during the term of your volunteer status.

7. Felony(s) or failure of a drug test or physical or psychological examination will be cause for denial or termination.

8. The Sheriff’s Office or agent of the Sheriff’s Office, without need of further authorization, can obtain medical records allowed by law if you claim rights to payment or receipt of any benefit pursuant to state or federal law.

9. Any change in your driver license status must be immediately reported to the volunteer unit coordinator.

10. You agree to conform to the rules, regulations, and orders of the Sheriff's Office and acknowledge that the Sheriff's Office may change, interpret, withdraw, or add to these rules, regulations, and orders at its discretion, at any time, and without any prior notice to you.

11. Unless otherwise defined by applicable law, any volunteer relationship with this office is "at will," which means that the Sheriff, or his designee may discontinue any 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.

12. You agree to return any issued equipment, ID card{s) or items that identify you as a volunteer for Citrus County Sheriff's Office should you leave or be asked to leave for whatever reason.

13. You understand an investigation will be conducted on all of the information listed on this application.

_____ _____

Signature Date

_____ _____

Print Full Name Witness

EMERGENCY CONTACT INFORMATION

_____

LAST NAME FIRST MIDDLE SUFFIX

_____

RESIDENCE ADDRESS

_____

CITY COUNTY STATE ZIP CODE

_____

RELATIONSHIP TELEPHONE EMAIL ADDRESS

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 (352) 746-3484

APPLICATIONS CAN BE HAND DELIVERED OR MAILED TO:

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

BACKGROUND INVESTIGATION WAIVER

Authority for Release of Information

APPLICANT:

_____

NAME DATE OF BIRTH SOCIAL SECURITY NO.

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 the 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.

Pursuant to Section 948.18 (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.

NOTARIZATION REQUIRED: (MUST BE SIGNED IN FRONT OF A NOTARY)

Signature: _____ Date: _____
Applicant Signature

Signature: _____ Date: _____
Signature of Parent/Guardian of Minor

STATE OF FLORIDA
COUNTY OF CITRUS

Sworn to or affirmed and signed before me on this _____ day of _____, 2025, by_____, who is personally known to me_____, or presented as identification, _____.

_____ _____
Printed Name of LEO or Notary and ID Number Signature of Notary Public or LEO
(Notary pursuant to § 117.10, F. S.)