

Okaloosa County Sheriff's Office Volunteer Application

CONTACT INFORMATION

Name: _____ Home Phone: _____
Street Address: _____ Work Phone: _____
City, State, Zip Code: _____ E-Mail Address: _____
At this address for how long: _____
Previous address (if above is less than 3 years):
Street Address: _____
City, State, Zip Code: _____

BACKGROUND INFORMATION

All applicants will be subject to a criminal history background check. The following information is necessary for that process.

Date and Place of Birth (city & state or country if not in US): _____

Are you a United States citizen? Yes No

If naturalized, please provide date, place, court and naturalization no. _____

Marital Status: Married Divorced Separated Widowed Never Married

Driver's License #: _____ State: _____ Expiration Date: _____

Do you have or have you ever applied for a passport? No Yes--Passport number: _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____ Sex: M F

Social Security Number _____ - _____ - _____ Race: White Black Asian/Oriental Other

TWO PERSONAL REFERENCES

Name: _____ Street Address: _____

Phone: _____ City, State, Zip Code: _____

Name: _____ Street Address: _____

Phone: _____ City, State, Zip Code: _____

ARREST HISTORY/COURT DATA

Have you ever been convicted of a felony? Yes No

Have you ever been detained by any law enforcement officer for investigative purposes or to your knowledge have you ever been subject of or a suspect of any criminal investigation? Yes No

Have you ever been fingerprinted for any reason (arrest, job application, military, etc.)? Yes No

If answered "yes" to any of the previous three questions, please provide details: _____

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/court, case #, names of involved parties, nature of action, and final disposition

EMPLOYMENT HISTORY

List chronologically last two employees, beginning with present employment.

Place of Employment: _____ Dates Worked Mo./Yr. _____

Street Address: _____ City, State, Zip Code: _____

Previous Employment: _____ Dates Worked Mo./Yr. _____

Street Address: _____ City, State, Zip Code: _____

AVAILABILITY

During which hours are you available for volunteer assignments?

- Weekday mornings Weekend mornings
- Weekday afternoons Weekend afternoons
- Weekday evenings Weekend evenings

INTERESTS

Tell us which areas you are interested in volunteering.

- Administration Events Field work Newsletter production
- Deliveries Phone bank Fundraising Volunteer coordination

SPECIAL SKILLS OR QUALIFICATIONS

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports that may be useful for our volunteer program.

FOREIGN LANGUAGES

		Fluent	Good	Fair
Indicate any foreign languages you can	Speak:	_____	_____	_____
	Read:	_____	_____	_____
	Write:	_____	_____	_____

PREVIOUS VOLUNTEER EXPERIENCE

Summarize previous volunteer experience

ORGANIZATION MEMBERSHIP

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

Name: _____ City and State: _____

List position held and describe activity: _____

Name: _____ City and State: _____

List position held and describe activity: _____

PERSON TO NOTIFY IN CASE OF EMERGENCY

Name: _____ Home Phone: _____

Street Address: _____ Work Phone: _____

City, State, Zip Code: _____ E-Mail Address: _____

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 an applicant or my dismissal as a volunteer. 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 understand that I may be fingerprinted. I also understand that is volunteer application shall become property of the Sheriff’s Office and that it and the information received in response to the background examination are public records.

I understand that the use of drugs or alcohol is not permitted while volunteering.

I authorize any of the persons or organizations referenced in this application to furnish information, personal or otherwise, regarding my ability and fitness for volunteering 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 by the Sheriff’s Office, at its discretion, at any time and with any prior notice to me.

I understand that 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.

AGREEMENT AND SIGNATURE

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed): _____

Signature: _____

Date: _____

OUR POLICY

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.