

# Okaloosa County Sheriff's Office Volunteer Application

## CONTACT INFORMATION

Full Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_  
At this address how long: \_\_\_\_\_  
Previous address (if above address 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.*

DOB: \_\_\_\_\_ Birth Place (City & State or Country if not in US): \_\_\_\_\_  
Are you a United States Citizen?  Yes  No  
If No, 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 No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ 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.

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**FOREIGN LANGUAGES**

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

**PREVIOUS VOLUNTEER EXPERIENCE**

Summarize previous volunteer experience

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**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.

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## 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.