

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: _____

PERSONS TO NOTIFY IN CASE OF EMERGENCY

Name: _____

Street Address: _____

City, State, Zip Code: _____

Home/Cell Phone: _____

Work Phone: _____

E-Mail Address: _____

Name: _____

Street Address: _____

City, State, Zip Code: _____

Home Phone: _____

Work Phone: _____

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 this 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. If you have any questions about your volunteer application; contact the Sheriff's Office volunteer coordinator, contact information below:

Ashley Bailey
Crime Prevention Specialist
Okaloosa County Sheriff's Office
Office (850)651-7153
Cell (850)259-0031
Fax (850)609-3048
abailey@sheriff-okaloosa.org

