

**VOLUNTEER SERVICE APPLICATION**

Position Applying For: \_\_\_\_\_

NAME: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_  
Last First Middle Initial

ADDRESS: \_\_\_\_\_  
City State Zip Code

HOME PHONE: (\_\_\_\_) \_\_\_\_\_ CELL PHONE: (\_\_\_\_) \_\_\_\_\_

S.S.# : \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ RESIDENTIAL STATUS: Year Round \_\_\_\_\_ Seasonal \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_  
City State

D L #: \_\_\_\_\_ STATE: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_

RACE: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ EYES: \_\_\_\_\_ HAIR: \_\_\_\_\_

Last year of education completed (circle) 8 9 10 11 12 Degree Held: \_\_\_\_\_

LANGUAGES OTHER THAN ENGLISH: \_\_\_\_\_ Speak Read Write  
(Circle)

PRESENT EMPLOYER: \_\_\_\_\_  
FIRM Address

PRESENT OCCUPATION: \_\_\_\_\_ PRIOR OCCUPATION: \_\_\_\_\_

Additional: List areas of special work skills/interests: \_\_\_\_\_

Indicate the days of the week, time of day/evening, and number of hours per month which you will volunteer: \_\_\_\_\_

**EMERGENCY NOTIFICATION:**

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_ ALT. NUMBER: (\_\_\_\_) \_\_\_\_\_

**FOR SHERIFF'S OFFICE USE ONLY**

**VOLUNTEER SERVICE APPLICATION**

**LIST THREE PERSONAL REFERENCES:** (may not be related)

REFERENCE: \_\_\_\_\_ PHONE #: (\_\_\_\_) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Relationship: \_\_\_\_\_

REFERENCE: \_\_\_\_\_ PHONE #: (\_\_\_\_) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Relationship: \_\_\_\_\_

REFERENCE: \_\_\_\_\_ PHONE #: (\_\_\_\_) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Relationship: \_\_\_\_\_

**If you answer "Yes" to any of the following questions, please explain in the space provided. An affirmative response may not cause disqualification for employment.**

1. Have you ever been arrested, charged, or given notice or summons to appear for any criminal violation, even as a juvenile? (Include any arrest in which the records were sealed or expunged.) No € Yes €

Crime charged with \_\_\_\_\_  
 Law Enforcement Agency \_\_\_\_\_ Date \_\_\_\_\_  
 Sentence \_\_\_\_\_

2. Have you ever been charged, investigated, arrested or convicted of domestic violence? No € Yes €

Crime charged with \_\_\_\_\_  
 Law Enforcement Agency \_\_\_\_\_ Date \_\_\_\_\_  
 Sentence \_\_\_\_\_

3. Have you ever been served with a restraining order or a no contact order? No € Yes €

If yes, explain \_\_\_\_\_  
 \_\_\_\_\_

4. Have you ever committed a crime for which you were not arrested or convicted? No € Yes €

If yes, explain \_\_\_\_\_  
 \_\_\_\_\_

5. Have you ever been charged (plead guilty, nolo contendere) of a crime other than traffic violation?

No € Yes €

Crime charged with \_\_\_\_\_  
 Law Enforcement Agency \_\_\_\_\_ Date \_\_\_\_\_  
 Sentence \_\_\_\_\_

6. Have you ever been detained, stopped, questioned, or held for interview by any law enforcement agency for any reason, including minor traffic violations? No € Yes €

If yes, explain \_\_\_\_\_  
 \_\_\_\_\_

7. To your knowledge have you ever been the subject of, or a suspect in, a criminal investigation?

No € Yes €

If yes, explain \_\_\_\_\_  
 \_\_\_\_\_

8. Have you ever been placed on probation? No € Yes €

9. To your knowledge, has any member of your immediate family ever been arrested for anything other than traffic violations? No € Yes € If yes, indicate below:

If yes, explain \_\_\_\_\_  
 \_\_\_\_\_

Date	Name	Relationship	Offense	Where Arrested

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

Date	Name of Organization	Purpose of Fingerprinting

PERSONAL INQUIRY WAIVER
Authority for Release of Information

TO: Concerned Person or Authorized Representatives Of any Organization, Institution Or Repository of Records
APPLICANT'S NAME: \_\_\_\_\_
DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

I respectfully request and authorize you to furnish the St. Lucie County Sheriff's Office any and all information that you may have concerning my work record, school record, military record, and reputation. Please include any and all medical, physical, and mental records or reports, including all information of a confidential or privileged nature, and Photostats of same, if requested. This information is to be used to assist in determining my qualifications and fitness for the position I am seeking with the Sheriff's Office

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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STATE OF FLORIDA
COUNTY OF ST. LUCIE

Before me personally appeared \_\_\_\_\_ who is personally known or who has produced \_\_\_\_\_ as identification and is know to be the person described in and who executed the foregoing instrument and acknowledged to and before me that he/she executed said instrument f their own free will and accord, with full knowledge of the purposes therein expressed.

WITNESS MY HAND AND OFFICIAL SEAL, THIS \_\_\_\_ DAY OF \_\_\_\_\_ 20 \_\_\_\_

Notary Public – State of Florida at Large
Printed Name: \_\_\_\_\_
My commission Expires: \_\_\_\_\_
(SEAL)