



VOLUNTEER APPLICATION

CHARLOTTE COUNTY SHERIFF'S OFFICE

7474 Utilities Road
Punta Gorda, FL 33982



Phone: (941) 639-2101
Fax: (941) 205-5640
Human Resources: (941) 575-5369

Please type or printed legibly in ink. All questions must be answered. If space provided 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.

1. Full Name:

Last Name First Middle Nickname

Residence Address Mailing Address

City County State ZIP Code

Telephone Number (Home) (Other)

2. Social Security Number: Date of Birth:

Driver's License Number: State Issued:

3. Place of Birth:

City County State Country (if not United States)

4. Have you attended the Civilian Police Academy?
5. Have you ever filed an application with us?

6. Have you ever been arrested, charged or convicted of any criminal violation, regardless of whether the record was sealed or expunged, or you pled nolle contender or it was dismissed?
If yes, details:

7. Have you ever been convicted of a crime?
8. Have you or any member of your family ever been incarcerated in a Charlotte County Jail facility?

If yes to question #7 or #8, list all such matters below. (*Member of family means son, daughter, spouse, parents, brothers, sisters, in-laws, uncles, aunts, by present or former marriage.)

Table with 5 columns: Name, Place & Department, Charge, Court & Place, Disposition

9. Have you ever had any moving violations/points in the past three years? Yes No
 Have you ever had your license suspended? Yes No
10. Do you now, or have you ever used, possessed, supplied, or sold any narcotic or controlled substance such as, but not limited to, marijuana, hashish, cocaine, LSD, amphetamines, heroin, steroid or any drug of a similar nature?
 Yes No

If yes, please complete the following:

- a. Drug: _____
- b. Circumstances: _____
- c. Last time used / possessed / supplied / sold: _____

11. Please provide name and address of next of kin or other person to be contacted in case of emergency:

Name			
Address			
City	County	State	Zip Code
Home Phone Number		Business Phone	

12. Acknowledgement

The information provided in this application form is true, correct and complete. If I am accepted as a volunteer at CCSO, I understand that any misstatements or omission of fact on this application form may keep me from entering or volunteering in the jail or any other sheriff's office facility. I understand that I will be fingerprinted and a criminal check will be conducted. I further understand that the use of drugs or alcohol is not permitted during the performance of my services at the Charlotte County Sheriff's Office, and I shall not report for assignment or volunteer my services while under the influence of drugs or alcohol, nor will I use them during my assignment with the Sheriff's Office. I agree to conform to the rules, regulations and policies of the Sheriff's Office and acknowledge that these rules, regulations and policies may be changed, interpreted, withdrawn or added to by the Sheriff's Office, at its discretion, at any time and without any prior notice to me.

FURTHERMORE, if accepted as a volunteer:

Volunteer acknowledges that CCSO has a policy prohibiting sexual harassment and has made its employees aware of its policy. Therefore, sexual advances, or sexual remarks, requests for sexual favors and other verbal or physical conduct of a sexual nature toward or in the presence of volunteers, employees, vendors, interns will not be condoned or permitted by CCSO.

Volunteer acknowledges that CCSO is a DRUG FREE WORKPLACE and that the volunteer will not engage in the unlawful manufacturing, distribution, dispensation, possession or use of a controlled substance in the performance of their volunteering.

 Volunteer's Signature Date

The foregoing was acknowledged before me this _____ day of _____ 20 _____
 by _____, who is personally known to me or who has produced _____ as identification and who did (did not) take an oath.

 Signature of person taking acknowledgment

 Printed Name

 Title or Rank

PERSONAL INQUIRY WAIVER
Authority for Release of Information

TO: Concerned Person or
Authorized Representative of
Any Organization, Institution
or Repository of Records

APPLICANT'S NAME: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NO.: _____

I respectfully request and authorize you to furnish the Charlotte County Sheriff's Office any and all information that you may have concerning my work record, school record, military record, reputation, and financial and credit status. 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 Charlotte County Sheriff's Office.

I hereby release you, your organization or others from any liability or damage, which may result from furnishing the information, requested above.

Sign in the presence of a notary.

Applicant's Signature

Date

Address

City State ZIP Code

AFFIDAVIT
(Must be notarized)

STATE OF FLORIDA
COUNTY OF CHARLOTTE

The foregoing was acknowledged before me this _____ day of _____ 20 _____

by _____, who is personally known to me or who has produced

_____ as identification and who did (did not) take an oath.

Signature of person taking acknowledgment

Printed Name

Title or Rank

**CHARLOTTE COUNTY SHERIFF'S OFFICE
IDENTIFICATION CARD REQUEST INFORMATION**

PLEASE PRINT

LAST NAME: _____ FIRST NAME: _____ M.I.: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

REASON FOR REQUEST (PLEASE CHECK ONE):

NEW CHANGE LOST

PLEASE CHECK APPROPRIATE BOX

- | | |
|--|---|
| <input type="checkbox"/> MEMBER (EMPLOYEE) | <input type="checkbox"/> RESERVE / AUX MEMBER |
| <input type="checkbox"/> VOLUNTEER _____ | <input type="checkbox"/> RSVP VOLUNTEER |
| <input type="checkbox"/> EXPLORER POST 29 | * <input type="checkbox"/> SPECIAL DEPUTY- State Reason For Request:
_____ |
| <input type="checkbox"/> PARKING ENFORCEMENT | <input type="checkbox"/> COMMUNITY OBSERVER |
| <input type="checkbox"/> INTERNS | <input type="checkbox"/> PART-TIME MEMBER |
| <input type="checkbox"/> PROBATION OFFICER | <input type="checkbox"/> STATE ATTORNEY'S |
| <input type="checkbox"/> SUB-CONTRACTOR _____ | <input type="checkbox"/> JANITORIAL SERVICE WORKERS |
| <input type="checkbox"/> NEIGHBORHOOD WATCH: GROUP NAME: | |
| <input type="checkbox"/> CIVILIAN POLICE ACADEMY | <input type="checkbox"/> OTHER: |

PERSONAL INFORMATION FOR IDENTIFICATION CARD

SOCIAL SECURITY NUMBER: _____	WEIGHT: _____
DATE OF BIRTH: _____ PAYROLL ID#: _____ RADIO # _____	HEIGHT: _____
SIGNATURE OF REQUESTER: _____	EYE COLOR: _____
DATE: _____	HAIR COLOR: _____
DRIVER'S LICENSE: _____ STATE: _____	BLOOD TYPE: _____

* SHERIFF'S APPROVAL

ID Card Number begins with Letter assigned to above Groups
HR Form – Original filed in Human Resources