



VOLUNTEER APPLICATION

CHARLOTTE COUNTY SHERIFF'S OFFICE

7474 Utilities Road
Punta Gorda, FL 33982



Phone: (941) 639-2101
Fax: (941) 205-5613
Human Resources: (941) 575-5258

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

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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 ever filed an application with us? Yes No Date

5. Have you ever been employed by us? Yes No Dates

6. Have you ever been convicted of a crime Yes No

7. Have you or any member of your family ever been incarcerated in a Charlotte County Jail facility? Yes No

If yes to question #6 or #7, 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: Date, Place & Department, Charge, Court & Place, Disposition. Includes a section for Relative's Name.

8. Do you now, or have you 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. Number of times possessed/supplied/sold: _____

d. First time possessed/supplied/sold: _____

e. Last time possessed/supplied/sold: _____

9. Please provide High School/ University or college liaison person for this internship:

Name: _____ Title: _____

HS/ College: _____

Telephone: _____ Business hours _____ to _____

What is your major? _____ Minor? _____ When will you graduate? _____

10. 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

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Home Phone Number Business Phone

11. 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.

Applicant'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

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

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