

VOLUNTEER APPLICATION

Date of Completion: _____

Applicant Name (Last, First MI) _____ Applicant Date of Birth _____ Male: Female:

Current Address (Number, Street, City, County, State and Zip Code) _____

Telephone Number(s): _____

Home Phone: (____) _____ Cell Phone: (____) _____

E-mail address: _____

Social Security Number: _____ Driver's License # (Include State): _____

Please indicate your area of interest:

Main Office:

Fingerprinting (DII – Ink Only)	Kass Circle Substation	Civilian Mounted Unit (Must own a horse)
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Hernando County Detention Center:

Alcoholics Anonymous	Chaplain (Must have Credentials)
Narcotics Anonymous	Bible Study/Church Services

Crime Watch *Name of Crime Watch you'd be joining: _____

Have you ever been dismissed from any volunteer organization? Yes No

Are you presently employed? Yes No

If yes, what hours and days are you available for volunteer work? _____

Previous work experience including volunteer work: _____

Are you available for special projects? Yes No How did you hear about our Volunteer Program? _____

Please note: A criminal history check will be performed on all volunteer applicants.

1. Have you **ever** been arrested, charged or received a notice or summons to appear, convicted, pled nolo contendere or pled guilty to any criminal violation, regardless if the record was sealed or expunged?
 Yes No
2. Have you **ever** received a ticket or been charged with a traffic violation (excluding parking tickets)?
 Yes No

If yes to #1 or #2, list all such matters even if not formally charged, or no court appearance, or found not guilty, or nolo contendere to any charge for which adjudication was withheld, or matter settled by payment of fine or forfeiture of collateral. (Include your juvenile record and records of your arrest(s) which have been sealed, if any.)

Date	Place & Department	Charge	Court & Place	Disposition

Have you or your spouse ever been a plaintiff or defendant in a court action? Yes No

If yes, please explain: _____

Please list present and former residences for the past **five (5) years**. If you are/were a renter, please provide the name, phone number and address of your landlord.

Dates		Apt #	Street Address	City	County	State
From	To					

Landlord Info:

Name: _____ Phone Number: _____

Address: _____

DECLARATION

Hernando County does not discriminate as to race, color, religious, sex, national origin or any other protected status.

If you sign this application, you are agreeing with the following:

- 1 The information contained on this application will be used for a criminal background check. Felony(s) will be cause for denial of membership;
- 2 You agree to allow the county to run a check of your license to determine if you will be eligible to drive county vehicles after EVOC training, should you choose to do so;
- 3 You agree to abide by the rules of the Hernando County Sheriff's Office Volunteer General Operating Procedure, the Constitution and By Laws of Hernando County Fire Corps and Citizens Corps Code of Conduct (if applicable);
- 4 You agree to return any issued equipment, ID card(s) or items that identify you as volunteer for Hernando County (including Hernando County Fire Corps.) should you leave or be asked to leave for whatever reason;
- 5 That the information provided on this form is true and any false statements or misrepresentation on this application would be cause for denial of acceptance as a Volunteer for Hernando County (including Hernando County Fire Corps.).

Signature

Date

Print Full Name

Office Use Only

Received/Reviewed by: _____

Date: _____

Checks Completed by: _____

NCIC/FCIC _____

DAVID _____

ACISS _____

CAD _____

CCIS _____

Officer HCFC Date ___/___/___

Advisor HCFR Date ___/___/___

ID Issued on ___/___/___

Hernando County Sheriff's Office
Voluntary EEO Information

(Completion of Information Below is Voluntary)

We consider applicants for all positions without regard to race, color, religion, sex, national origin, or any other legally protected status.

Applicants Name: _____ (Last, First, MI)
Address: _____ (Street, City, State & Zip)
Date of Birth: _____

In an effort to comply with requirements regarding government record keeping, reporting and other legal obligations, we ask that you complete the applicant data survey. Your cooperation is appreciated.

Please be advised that your survey is not part of your official application for employment. It will not be used in the hiring process.

Please Check One:
Male: Female:

Please check one of the following race/ethnic groups:
Hispanic Asian/Pacific Islander
White Black
American Indian/Alaskan Native

Do you have any physical limitations we should be aware of? _____
