

# ST JOHNS COUNTY SHERIFF'S OFFICE

## Volunteer Application

Today's Date \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Maiden/Other Names \_\_\_\_\_

Current Residence Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail address \_\_\_\_\_ Birth State \_\_\_\_\_

Social Security No. \_\_\_\_\_ Driver's License No./State \_\_\_\_\_

US Citizenship \_\_\_ Yes \_\_\_ No If No, Citizen of which country \_\_\_\_\_ US Visa classification \_\_\_\_\_

List all the addresses where you have lived in the past five (5) years, beginning with your present address and list backward. Attach additional sheets if necessary.

Address, City, State, Zip Code	Date From (mm/yy)	Date To (mm/yy)

Address, City, State, Zip Code	Date From (mm/yy)	Date To (mm/yy)

Address, City, State, Zip Code	Date From (mm/yy)	Date To (mm/yy)

**Skills/Education**

What skills/education do you possess? \_\_\_\_\_

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Do you speak or read a foreign language? \_\_\_\_\_ Which one(s)? \_\_\_\_\_

What skills do you have which would be helpful as a volunteer ? \_\_\_\_\_

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In what areas are you interested in volunteering your services? \_\_\_\_\_

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Previous volunteer experience: \_\_\_\_\_

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Approximate number of hours per week you will be available to volunteer: \_\_\_\_\_

Days/hours you will be available to volunteer:

Morning (Days/Hours)

Afternoon (Days/Hours)

Evening (Days/Hours)

Weekdays:

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Weekends:

**Criminal History**

Have you ever been convicted of a felony or misdemeanor crime? Yes ( ) No ( )

Have you used marijuana, illegal drugs or abused prescription drugs? Yes ( ) No ( )

Have you ever bought, sold, distributed, manufactured or abused illegal drugs? Yes ( ) No ( )

Have you ever committed an act of domestic violence? Yes ( ) No ( )

If yes on any of the above questions, please explain on page 4

### Personal References

List 3 people that you have known for at least 12 months, only 1 may be a relative.

Name: Last/First/Middle	Address, City, State, Zip Code	Phone Number(s) w/area code
Name: Last/First/Middle	Address, City, State, Zip Code	Phone Number(s) w/area code
Name: Last/First/Middle	Address, City, State, Zip Code	Phone Number(s) w/area code

### Employment History

Please list your last 3 employers, beginning with most recent. Include full and part-time employment.

Business Name			
Address, City, State, Zip Code			Phone
From: Month	Year	Position Held:	Supervisor:
To: Month	Year	Duties:	
Reason for Leaving:			

Business Name			
Address, City, State, Zip Code			Phone
From: Month	Year	Position Held:	Supervisor:
To: Month	Year	Duties:	
Reason for Leaving:			

Business Name			
Address, City, State, Zip Code			Phone
From: Month	Year	Position Held:	Supervisor:
To: Month	Year	Duties:	
Reason for Leaving:			

