

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 Date _____

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? _____

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

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

In what areas are you interested in volunteering your services? _____

Previous volunteer experience: _____

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:

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:			

