

ST. JOHNS COUNTY SHERIFF'S OFFICE

Volunteer Application

Today's Date: _____

Name: _____
Last First Middle

Maiden/Other Names: _____

Current Residence Phone: _____ Cell Phone: _____

Email Address: _____ Birth Date: _____

Social Security No.: _____ Driver 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? Yes () No () If yes, 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 violation of the law, including a traffic felony or misdemeanor? 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 ()

Corrections Applicants Only:

To your knowledge, has any member of your immediate family every been arrested for anything other than traffic violations? Yes () No () If yes, name of family member: _____

Are you related to any of the inmate(s) in this facility? Yes () No ()

Are you a close friend with any inmate(s) in this facility? Yes () No ()

Do you have any type of criminal record (Juvenile or Adult)? Yes () No ()

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

A CRIMINAL OFFENSE WILL NOT AUTOMATICALLY EXCLUDE YOU FROM VOLUNTEER SERVICE

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:			

How were you referred to the St. Johns County Sheriff's Office Volunteer Program? _____

Do you know anyone who currently works for the Sheriff's Office? Yes () No () If yes, who? _____

Certification Statement

I certify that all of the above questions have been answered to the best of my knowledge and that any false answers, omissions or deceptions may be the basis for my rejection or termination from volunteering with the St. Johns County Sheriff's Office. I also understand that a criminal history check, personal history check, driver license check, reference check and personal interview will be conducted.

(Signature)

(Date)

When using this additional page, please note the specific section you are referring to:

OFFICIAL USE ONLY

DATE REC'D _____ FCIC/NCIC _____ DAVID _____ LOCALS _____
INTERNET _____ VALOR _____ Q&A _____ SAPD _____ REFERENCES _____
PREVIOUS EMPLOYERS _____
INTERVIEW: SCHEDULED _____ CONDUCTED _____ DATE COMPLETED _____
CLERGY APPROVAL _____ PROGRAMS SUPERVISOR APPROVAL _____