

Dear Volunteer Applicant,

Thank you for your interest in supporting the Hillsborough County Sheriff's Office and volunteering your time. We are most appreciative of individuals like yourself.

Please complete the attached application truthfully and to the best of your ability. The Hillsborough County Sheriff's Office Volunteer Program is looking for those individuals who are of the highest moral and ethical standards. It is important to us that our volunteers are held to the same standards as our deputies and civilian employees.

The application process consists of an in-person interview, and your photograph and fingerprints taken at our ID Section located on Falkenburg Road. In addition, you will be required to attend an orientation, where you will learn about the Sheriff's Office, the Rules & Regulations that govern your position within the agency and what we expect from you as a volunteer.

Please contact me after completing your application so that I can schedule a date and time to meet with you. At that time, I will conduct an interview and review your application with you. Make sure you have someone witness your signature on Page 7, have the Authority for Release signed by a notary, and that you have signed and dated all the designated places in the application packet.

I look forward to welcoming you aboard as a member of the Hillsborough County Sheriff's Office Volunteer Program. Should you have any questions, do not hesitate to call me at 247-0950.

Sincerely,

Diana Watson

Deputy Diana Watson
Community Outreach Division
Volunteer Services Coordinator

Hillsborough County Sheriff's Office



Volunteer Program Application Packet

INSTRUCTIONS

Application must be typewritten or printed legibly in BLACK ink. All questions must be answered. Applications which are not complete will not be considered. 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.

NOTICE: The following additional documents must be attached to this application.

1. A copy of your driver's license.
2. A copy of your social security card.
3. A copy of your Military Discharge(s), (i.e.: DD214 with re-entry code).
4. A copy of all your documented Name Changes, (i.e.: Marriage License, Divorce Decree, Adoption, etc.)

When ordered by the sheriff, the applicant will be fingerprinted.

The Sheriff's Office is an equal employment opportunity employer. We consider applicants for all positions without regard to race, color, national origin, sex, age, handicap, mental status, religion or any other legally protected status.

PERSONAL HISTORY

1. Full Name:

Last Name	First Name	Middle Name
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2. Other: List all other names you have used including circumstances and time periods you used them. (For example: former name(s), alias(es), or nickname(s)).

Name	Circumstance	Dates From Mo./Yr.	Dates To Mo./Yr.

3. DOB: _____ Social Security Number: _____

4. Sex/Race: _____ / _____ Height: _____ Weight: _____

5. Place of Birth: _____
City County State Zip Code

6. Marital Status: Married Divorced Separated Widowed Never Married

7. Applicant's Current Address:

Address			
City	County	State	Zip Code

Home Phone	Business Phone
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8. Please provide the name and address of next of kin or other person to be contacted in case of emergency:

Name			
Address	City	State	Zip Code
Home Phone	Business Phone		

9. Please provide the name and address of personal physician to be contacted in case of an emergency:

Name			
Address	City	State	Zip Code
Business Phone			

10. Are you a United States citizen? Yes No

11. Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?
 Yes No Naturalization Number: _____

12. Were you ever rejected for any Civil Service position? Yes No

13. Have you ever submitted an application for employment with the Hillsborough County Sheriff's Office? Yes No

Date	Position	
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14. Have you ever been employed by this Sheriff's Office before Yes No
 If yes, give position(s) / title(s)

15. Were you ever rejected for a position with any Law Enforcement of Detention Agency: Yes No
 Agency Reason

EDUCATION / TRAINING

1. Diploma GED
 High School Year Completed

2.

College / University Name / Address	Dates Attended Mo. / Yr.		Credit Hours Earned		Did You Graduate?	Type of Degree
	From	To	Qtr.	Sem.		

Major _____ Minor _____

3. Indicate any foreign languages you can:

	Fluent	Good	Fair
Speak:			
Read:			
Write:			

4. Describe your special abilities, interests, word processing or computer skills including the degree of proficiency:

DRIVING HISTORY

1. Are you a licensed Florida automobile operator? Yes No License No.: _____
 Date of Expiration: _____ Restrictions: _____

2. Do you hold or have you ever had an operator or chauffeur license in another state? Yes No
 If yes, please provide state(s), name used and approximate dates license(s) was/were held:

ARREST HISTORY / COURT DATA

1. Have you ever been arrested, charged or received a notice or summons to appear for any criminal violation?
Yes No

2. Have you ever been convicted of a felony? Yes No
3. Have you ever received a ticket or been charged with a traffic violation (excluding parking tickets) within the last 5 years”
Yes No
4. Have you ever had a criminal record expunged or sealed? Yes No
5. Have you or your spouse ever been a plaintiff or defendant in a court action? (Include any liens, lawsuits, bankruptcy, domestic violence injunctions, etc.) Yes No
6. Have you ever been detained by any law enforcement officer for investigation purposes or to your knowledge have you ever been subject of or a suspect in any criminal investigation? Yes No
7. Have you ever been fingerprinted for any reason (arrest, job application, military, etc.)? Yes No
If yes to any of the questions above, please provide details.

MILITARY HISTORY

1. Have you served on active duty in the Armed Forces of the United States? Yes No
Branch of Service: _____ Highest Rank: _____
Serial # _____ Duty Dates: From: _____ To: _____ From: _____ To: _____
2. Date and type of Discharge: _____
3. Have you ever had action taken against you while in the military? Yes No
If yes, please provide: Date: _____ Place: _____
Nature of Offenses: _____
Action Taken: _____

MEDICAL & DRUG HISTORY

1. Are you currently taking any medications? Yes No If yes, what are they? _____
2. Do you now, or have you, within the last year, used, experimented with, tasted, supplied, possessed or sold, any of the following narcotics or controlled substances: LSD, marijuana, hashish, cocaine, amphetamines, heroin, steroids, PCP, hallucinogen; methaqualone, opiates, barbiturate, benzodiazepine, a synthetic narcotic, a designer drug, or any drug of a similar nature? Yes No
a. Drug: _____
b. Circumstances: _____
3. Do you now or have you within the last year, abused or illegally obtained, possessed or sold any prescription drug?
Yes No If yes, provide details, including drug, date, and circumstances.

EMPLOYMENT HISTORY

1. Have you ever been dismissed or asked to resign or had any disciplinary action taken against you from any employment or position you have held? Yes No
2. Have you resigned, or left a job by mutual agreement following allegations of misconduct or unsatisfactory job performance?
Yes No

If yes to question #1 or #2, please provide details.

3. The Florida Department of Law Enforcement in accordance with the Florida Statute 943.133(3), requires that the following information must be completed. List chronologically the last two places of employment beginning with the present employment. All time must be accounted for, if unemployed for a period, set forth dates of unemployment.

Name & Address of Employer	Dates Worked		Salary	Title or Position	Name of Supervisor	Reason For Leaving
	From	To				
Name						
Address						
City, State, Zip						
Area Code & Phone No.						
Name						
Address						
City, State, Zip						
Area Code & Phone No.						

PERSONAL REFERENCES & ACQUAINTANCES

1. Personal References: Give three (3) references (not relatives, former or present employers, fellow employees, or school teachers) who are responsible adults of reputable standing in their communities, such as property owners, business or professional men or women, who have known you well for the past five (5) years. If they are retired, give former occupation.

Complete Name		Home Address: _____ City & State/Zip: _____ Home Phone: _____
Yrs. Known	Occupation	
Complete Name		Home Address: _____ City & State/Zip: _____ Home Phone: _____
Yrs. Known	Occupation	
Complete Name		Home Address: _____ City & State/Zip: _____ Home Phone: _____
Yrs. Known	Occupation	

APPLICANT'S CERTIFICATION

I understand that my appointment or employment will be contingent upon the results of a complete background investigation. I am aware that any omission, falsification, misstatement or misrepresentation will be the basis for my disqualification as an applicant or my dismissal from the Sheriff's Office. I agree to the conditions and certify that all statements made by me on this application are true, correct and complete, to the best of my knowledge.

I understand that I will be fingerprinted and photographed. I understand that this employment application shall become the property of the Sheriff's Office and that it and the information received in response to the background examination are public records.

I understand that the Hillsborough County Sheriff's Office is a drug free workplace. I further understand that the use of drugs or alcohol is not permitted, during work or duty time, whether paid or unpaid, in any area, including vehicles where work is performed by employees or appointees.

I understand that unless otherwise defined by applicable law, any employment relationship with this office is "at will", which means that the employer may discharge me at any time with or without cause and that this "at will" relationship may not be changed unless authorized in writing by the Sheriff.

I further authorize the Sheriff's Office or agent of the Sheriff's Office, without need or further authorization, to obtain medical records allowed by law if I claim rights to payment or receipt of any benefit pursuant to State of Florida or federal law.

I authorize any of the persons or organizations referenced in this application to furnish information, personal or otherwise, regarding my ability and fitness for employment with the Sheriff's Office and I relieve all such parties from any and all liability for any damage that might result from furnishing such information to the Sheriff's Office.

I agree to conform to the rules, regulations and orders of the Sheriff's Office and acknowledge that these rules, regulations and orders 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.

Signature of the applicant as usually written

Date

Witnessed By: _____



Florida Department of Law Enforcement

AUTHORITY FOR RELEASE OF INFORMATION (Background Investigation Waiver)



CJSTC 58

Incorporated by Reference in Rule 11B-27.0022(2)(b), F.A.C.

To: Concerned Person or Authorized Representative of Any Organization, Institution or Repository of Records
APPLICANT'S NAME:
DATE OF BIRTH:
LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER:

EMPLOYING AGENCY REQUESTING BACKGROUND INFORMATION:

I hereby authorize any employee or authorized representative bearing this release, or copy thereof, to obtain any information in your files pertaining to my employment records including, but not limited to, achievement, attendance, personal history, disciplinary records, medical records, credit records, and criminal history records.

I hereby authorize the National Records Center, St. Louis, Missouri, or other custodian of my military record to release information or photocopies from my military personnel and related medical records, including a photocopy of my DD 214, Report of Separation, or other official documents from the United States Military denoting discharge status or current active military status to:

Section 768.095, F.S., titled Employer Immunity from Liability; disclosure of information regarding former or current employees states: An employer who discloses information about a former or current employee to a prospective employer of the former or current employee upon request of the prospective employer or of the former or current employee, is immune from civil liability for such disclosure of its consequences, unless it is shown by clear and convincing evidence that the information disclosed by the former or current employer was knowingly false or violated any civil right of the former or current employee protected under chapter 760, Florida Statutes.

Applicant's Signature Date

Applicant's Address

AFFIDAVIT

STATE OF COUNTY OF

Before me personally appeared who says that he/she executed the above instrument of his or her own free will and accord, with full knowledge of the purpose therefore.

Sworn and subscribed in my presence this day of, 20. My Commission expires on, 20. Personally Known - or -

Produced Identification Notary Public:

Type of identification produced:

PLEASE RETURN THIS FORM TO:

Hillsborough County Sheriff's Office
 Attn: Community Relations, Volunteer Coordinator
 Post Office Box 3371
 Tampa, FL 33601

National Personnel Records Center
 Military Personnel Records
 9700 Page Boulevard
 St. Louis, Missouri 63132

*"I authorize the National Personnel Records Center or other custodian of my military records to release to the Hillsborough County Sheriff's Office, information or photocopies from my military personnel and related medical records to include information concerning any positive test for A.I.D.S. and drug or alcohol detection or abuse. I further authorize the release of information concerning the **type** and **reason** for my discharge or release. This would include a photocopy of my DD Form 214, **Report of Seperation.**"*

Signature of Applicant (Veteran)

Applicant's Name		Date of Birth	
Present Home Address		S.S.N.	
Branch of Service		Service Number	
Present Military Status		Reserve Status	
Position Applied For		Date	

BOTTOM SECTION TO BE COMPLETED BY MILITARY RECORDS OFFICE

Date of Entry	Date of Separation	Reason for Separation	Character of Service

Disciplinary Action:

Significant Illness or Disability:

Re-Enlistment Code Definition: