



## NASSAU COUNTY SHERIFF'S OFFICE VOLUNTEER PROGRAM APPLICATION

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APPLICANT NAME: \_\_\_\_\_

LAST,

FIRST

MIDDLE

### Volunteer Programs

**VOLUNTEER** - relieve and / or assist the Law Enforcement Officers with low-risk functions, duties and special projects involving private citizens and / or businesses. They can serve in a capacity of performing various administrative and clerical duties to help facilitate the efficient operation and coordination of the Sheriff's Office. The Volunteers may assist in many divisions of the NCSO including the Emergency Operations Center.

**INTERN** – a student or trainee who is provided with the opportunity to observe, interact and work within the Sheriff's Office in an unpaid capacity to gain insight, knowledge, college credit or work experience.

**MOUNTED POSSE** – will assist with parades, community events, search and rescue efforts, and other areas to support Sheriff's Office functions utilizing their skills and abilities on horseback.

**CITIZENS ADVISORY TEAM (CAT)** – CAT demonstrates a partnership between Law Enforcement and the Community. CAT's serve as information exchanges between citizens and the Sheriff's Office. Meetings give citizens an opportunity to communicate directly with command staff and police officers on issues of importance to their communities.

**CITIZENS ACADEMY** – NCSO hosts a Citizens Law Enforcement Academy (CLEA) semiannually. The academy courses are designed to give participants and overview of the duties and responsibilities of the NCSO, the Criminal Justice System and issues relating to Law Enforcement.

### Application Instructions

Application must be printed on **ONE SIDE ONLY** and completed legibly in **blue or black** ink. ALL questions must be answered. If a question is not applicable, please write "N/A". All required documentation **MUST** accompany the application to be considered complete. **Required documents include:** Driver's License, Social Security Card, Birth Certificate, High School Diploma / GED or College Degree. **Applications which are not complete will not be considered.** If ample space for answers is not provided or you wish to furnish additional information, attach one sided sheets of the same size as application and number the information to correspond to the questions.

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### Additional Information

All Volunteer opportunities require training of one kind or another. Attendance at such training is mandatory. Do you agree to attend training both in and outside of Nassau County?

Yes       No

Please provide name, address, and phone number(s) for emergency contact person:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone # \_\_\_\_\_

### Background Information

**THIS INFORMATION IS REQUIRED TO CONDUCT THE BACKGROUND INVESTIGATION ONLY**

1. Place of Birth:

City	County	State	Country (if not U.S.)

2. Are you a United States Citizen?       Yes       No

If naturalized, please provide: \_\_\_\_\_

Date	Place

3. Marital Status:  Married     Divorced     Separated     Widowed     Never Married

4. Do you have or have you ever applied for a passport?     Yes     No

Passport # \_\_\_\_\_

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## Education / Training

If more space is needed, please submit additional sheets.

1. Please provide the name(s) of any College and/or University you attended, major area of study, year graduated, and type of Diploma/Degree received.

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2. Please provide any other schools you may have attended, name, major area of study, year completed, Diploma or Certification received.(Trade, Vocational , Business, or Military)

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3. Please indicate any foreign languages you speak, read, or write under the appropriate proficiency heading:

	FLUENT	GOOD	FAIR
SPEAK:	_____	_____	_____
READ:	_____	_____	_____
WRITE:	_____	_____	_____

4. Please indicate any specialized training, special licenses, skills and equipment that you currently possess which may be related to any of the Volunteer program activities: (pilot, radio operator, forklifts, etc.)

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## Employment History

If more space is needed, please submit additional sheets.

1. Briefly describe your employment history and indicate the types of work, industries, or fields of employment: \_\_\_\_\_

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2. Have you ever been dismissed, asked to resign, or had any disciplinary action taken against you from any employment of position you have held?

Yes  No

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3. Have you resigned or left a job by mutual agreement following allegations of misconduct or unsatisfactory job performance?  Yes  No

If you answered "Yes" to question #2 or #3, please provide details: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

4. Do you own a business, or are you a partner or corporate officer in any business or organization, not listed previously as a current or former employer?

Yes  No

5. Does this business do business with the Sheriff's Office or the County?

Yes  No

If "Yes" to question #4 or #5, please provide the name and address of the business/Corporation/organization and describe your relationship of position with that entity.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Residence(s)

1. Have you lived at your current place of residence for the past three (3) years?

Yes  No

If "No", please indicate previous address: \_\_\_\_\_

\_\_\_\_\_

### Arrest History / Court Data

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 or been charged with a traffic violation resulting from a traffic crash (excluding parking tickets)?

Yes  No

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3. Have you or your spouse ever been a plaintiff or defendant in a court action? (Including liens, lawsuits, bankruptcy, domestic violence injunctions, etc.)  Yes  No  
If "Yes", please give date, place or court, case number, names involved, nature of action, and final disposition: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Have you ever been detained by any law enforcement officer for investigative purposes or to your knowledge have you ever been the subject of any criminal investigation?

Yes  No

5. Have you ever been fingerprinted for any reason (arrest, job application, military, etc.)?

Yes  No

If "Yes" to questions #5 or #6, please provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Driving History

1. Does your current automobile or chauffeur license list any restrictions?

Yes  No

If "Yes" please list the restrictions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Do you hold or have you ever held an operator or chauffeur license issued by a state other than Florida?

Yes  No

If "Yes", please provide state(s), name used and approximate dates license(s) was/were held: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Have you ever been denied issuance of a driver's license or have you ever had a driver's license suspended or revoked?

Yes  No

If "Yes", please provide complete details including why license was suspended or revoked: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Military History

1. Are you registered for Selective Service:  Yes  No

If "Yes", please provide your Selective Service # \_\_\_\_\_

2. Have you ever served in the Armed Forces of the United States?  
 Yes  No

Branch of Service: \_\_\_\_\_ Highest Rank: \_\_\_\_\_

Active Duty Dates: From \_\_\_\_\_ To \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

3. Date and type of Discharge: \_\_\_\_\_

## Organization Memberships

1. Are you now or have you ever been a member of any foreign or domestic organization, association, movement, group, or combination of persons which has adopted, or shows a policy of, advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional means?

Yes  No

2. At the time of your membership, participation, or contribution, did you know of any unlawful intentions of the organization?  
 Yes  No

If "Yes" to question #1 or #2, explain including the name of the organization and location. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3. On any Social Media platform (Facebook, Twitter, Instagram, etc.), do you "Follow" or "Like" any pages and/or groups such as those mentioned in question #1 of this section?

Yes  No

If "Yes", please list the pages and/or groups and the corresponding Social Media platform: \_\_\_\_\_

\_\_\_\_\_

## Drug History

The information contained herein MAY BE a confidential medical record under the Americans with Disabilities Act if the applicant is a rehabilitated drug or alcohol abuser or under section 119.071(4)(b) whether the medical information, if disclosed, would identify the applicant.

1. Do you CURRENTLY or have you in the LAST 5 YEARS illegally used or illegally experimented with, any prescription drug, narcotic or controlled substance, such as, but not limited to: cannabinoids, marijuana, PCP, hallucinogen, methaqualone, hashish, cocaine, LSD, amphetamines, heroin, steroid, opiates, barbiturates, benzodiazepine, a synthetic narcotic, a designer drug, or ANY drug of a similar nature?

Yes

No

If "Yes", please complete the following:

- a. Drug: \_\_\_\_\_  
b. How taken: \_\_\_\_\_  
c. Last time illegally used/experimented with: \_\_\_\_\_

2. Do you NOW or have you EVER illegally obtained, possessed, supplied, or sold any prescription drug, narcotic or controlled substance such as, but not limited to: cannabinoids, marijuana, PCP, hallucinogen, methaqualone, hashish, cocaine, LSD, amphetamines, heroin, steroid, opiates, barbiturates, benzodiazepine, a synthetic narcotic, a designer drug, or ANY drug of a similar nature?

Yes

No

If "Yes", please complete the following:

- a. Drug: \_\_\_\_\_  
b. Circumstances: \_\_\_\_\_  
\_\_\_\_\_  
c. Number of times illegally obtained/possessed/supplied/sold: \_\_\_\_\_  
d. First time illegally obtained/possessed/supplied/sold: \_\_\_\_\_  
e. Last time illegally obtained/possessed/supplied/sold: \_\_\_\_\_

3. Do you claim to be a rehabilitated alcohol, narcotics or drug user of any of the controlled substances as set forth above?

Yes

No

If "Yes", please provide details.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## Applicant's Certification

I understand that my volunteering 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 also understand that I will be fingerprinted. I further understand and agree that my volunteering may also be contingent upon the results of a complete drug test. I understand that this volunteer 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 record.

I further authorized the Sheriff's Office or agent of the Sheriff's Office, without need of further authorization, to obtain medical records allowed by law if I claim rights to payment or receipt of any benefit pursuant to state or federal law. I further agree to execute any authorization as may be required by the Health Insurance Portability Accountability Act of 1996 (HIPAA) for health care providers to release the necessary medical information to process my application as an NCSO Volunteer.

I further understand and agree that any volunteer opportunity offered to and accepted by me will constitute my automatic acceptance of a non-compensatory agreement. I understand that, unless otherwise defined by applicable law, any volunteer 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 understand that the use of any substance, prescribed or otherwise, that may impair my faculties will not be permitted while performing duties of a NCSO Volunteer in any capacity or in any location.

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.

**Are you aware of any information about yourself or any person with whom you are or had been closely associated with (including relatives, roommates, etc.) which might tend to reflect unfavorably on your reputation, morals, character, or ability?**       Yes       No

If "Yes", please provide your version or explain fully any such information or incident: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I understand that the "Applicant's Certification" applies in all respects to the responses provided in this Volunteer Program Application. **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.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witnessed By: \_\_\_\_\_ Printed Name: \_\_\_\_\_

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**Background Investigation Waiver**  
***Authority of Release of Information***

**TO:** Concerned Person or Authorized Representative of Any Organization, Institution or Repository of Records

Applicant's Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Social Security # \_\_\_\_\_

**AGENCY REQUESTING INFORMATION:** NASSAU COUNTY SHERIFF'S OFFICE

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 direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the requesting agency. Consent is granted for the agency to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, and employer, education institution, physician, hospital or other repository of medical records, credit bureau or consumer reporting agency, including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. A photocopy of this form will be as effective as the original.

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, to:

NASSAU COUNTY SHERIFF'S OFFICE, 77151 CITIZENS CIRCLE, YULEE, FL 32097

*Florida State Statute 768.095 titled employer immunity from liability; disclosure of information regarding former employees states: -An employer who discloses information about a former employee's job performance to a prospective employer of the former employee upon request of the prospective employer or of the former employee is presumed to be acting in good faith and, unless lack of good faith is shown by clear and convincing evidence, is immune from civil liability for such disclosure of its consequences. For the purposes of this section, the presumption of good faith is rebutted upon a showing that the information disclosed by the former employer was knowingly false or deliberately misleading, was rendered with malicious purpose, or violated any civil right of the former employee protected under chapter 760.*

Pursuant to Section 943.13(4), (5) and (7) F.S., Chapter 2001-94, Laws of Florida, disclosure of information is required unless contrary to state or federal law. Civil penalties may be available for refusal to disclose non-privileged legally obtainable information.

\_\_\_\_\_  
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/her own free will and accord, with full knowledge of the purpose therefore.

Sworn and subscribed in my presence this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Notary Public Signature

Personally Known – **OR** –  Produced Identification \_\_\_\_\_

Type of Identification

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