



PINELLAS COUNTY SHERIFF'S OFFICE

Volunteer Application

INSTRUCTIONS:

Please type or print clearly.

Answer all questions – if a question does not apply, indicate it is not applicable (N/A). An application that is incomplete or contains false statements may result in the loss of a volunteer opportunity.

A background check will be conducted on volunteer applicants, to include, criminal history, driving record, and employment.

Submit your application via email to employment@pcsonet.com or directly to Human Resources located at the Sheriff's Administration Building, 10750 Ulmerton Road, Largo.

If you are interested in the Sheriff's Volunteer Patrol or Volunteers in Partnership, please include a copy of your Florida Driver's License with your application.

If you have any questions regarding the application or application process, call Human Resources at (727) 582-6208.

PERSONAL INFORMATION

Name: _____ Date: _____

Aliases (i.e. maiden or married name): _____

Address: _____

City, State, Zip: _____

SS #: _____ DL #: _____ State Issued: _____

Date of Birth: _____ Gender: _____ US Citizen: _____

Telephone #:

Cell: _____ Home: _____

Work: _____

Email Address: _____

Are you currently employed? _____ If yes, where and dates employed: _____

If no, please list your previous two places of employment and dates employed: 1. _____

2. _____

Please indicate which program you are interested in:

☐ Volunteers in Partnership ☐ Sheriff's Volunteer Patrol

How did you hear about our volunteer opportunities?

**For Sheriff's Volunteer Patrol and
Volunteers in Partnership only**

What days and times are you available to volunteer?

SUN.	MON.	TUES.	WED.	THURS.	FRI.	SAT.

PLEASE READ AND ANSWER EVERY QUESTION. A candidate may be rejected who has intentionally made a false statement of a material fact, practiced or attempted to practice any deception or fraud in their application, examination, or is securing their eligibility for appointment. All information on this form may be subject to review for truthfulness and integrity during a polygraph examination.

CHECK YES OR NO TO THE FOLLOWING QUESTIONS

1. Have you **EVER** been convicted of a felony or a misdemeanor, regardless of whether the sentence was suspended, adjudication withheld, you pled no contest, or the conviction was sealed or expunged?

☐ Yes ☐ No

2. Have you **EVER** been convicted of a misdemeanor, regardless of whether the sentence was suspended, adjudication was withheld, you pled no contest, or the conviction was sealed or expunged?

☐ Yes ☐ No

3. Have you **EVER** been convicted of any felony or misdemeanor involving perjury or a false statement regardless of whether the sentence was suspended, adjudication was withheld, you pled no contest, or the conviction was sealed or expunged?

☐ Yes ☐ No

4. Have you **EVER** received a Dishonorable or an Undesirable Discharge from the U.S. Military?

☐ Yes ☐ No

5. **Within the last (12) twelve months**, have you possessed or used any drug, including Marijuana, Cocaine, Heroin, Ecstasy, LSD, THC, or any other derivatives?

☐ Yes ☐ No

6. Have you **EVER** influenced, persuaded, or attempted to influence or persuade another person to use illegal drugs?

☐ Yes ☐ No

If you have answered yes to any of the questions above, please provide an explanation below, including dates.

EMPLOYMENT AND PERSONAL REFERENCES

Please tell your references that they will receive a phone call from a member of Human Resources asking him or her a brief series of questions.

PERSONAL REFERENCES *Do not include family members.*

Name: _____

Email Address: _____ Phone Number: _____

How this person is known to you: _____

Name: _____

Email Address: _____ Phone Number: _____

How this person is known to you: _____

Name: _____

Email Address: _____ Phone Number: _____

How this person is known to you: _____

EMPLOYMENT REFERENCE **For Sheriff's Volunteer Patrol only!*

Please provide the contact information for your current employer or previous employer if you left within the last 12 months. If retired or unemployed for more than 12 months, mark N/A.

Company Name: _____

Dates Employed: _____ Position Held: _____

Job Duties: _____

Reason for Leaving (if applicable): _____

EMERGENCY CONTACTS

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

I hereby certify the answers provided on this application are true and complete to the best of my knowledge. You are hereby authorized to make any investigation of my personal history.

Applicant Signature

Date

FOR ADMINISTRATIVE PURPOSES:

References Completed:	Interview Date:	Start Date:
Polygraph Date:	Interviewer:	Reviewed By:

IF VIP:

Department Assigned:	Supervisor:
Volunteer Duties:	