

**CITIZEN
OBSERVER
PROGRAM**



**VOLUSIA COUNTY
SHERIFF'S OFFICE**

Citizen Observer Program

P.O. Box

SPECIAL PROJECTS OFFICE
OFFICE OF THE SHERIFF

569
DeLand, Florida 32721-0569
386-736-5961-Ext. 6542

VOLUNTEER APPLICATION
(Please type or Print)

NAME _____ SS# _____

Last First Middle
ADDRESS _____ CITY _____ ZIP _____

HOME PHONE () _____ WORK PHONE () _____

E-Mail Address _____

Driver's License Number _____ Place of Birth: _____

EDUCATION: Check One [] Received high school diploma [] Did not graduate
[] Received GED Highest grade completed _____

College, University, Business or Trade School Location Dates Attended Degree Received

Special Skills or Talents _____

Areas of Volunteer Interest _____

How did you hear about the program? _____

Have you ever been arrested? [] Yes [] No If yes, explain & give date(s).
(State Statutes 943.0585 and 943.059 require that you disclose any sealed or expunged record if you are a candidate for employment with a Criminal Justice Agency.)

Have you been convicted, pleaded guilty or nolo contendere to a felony? [] Yes [] No If yes, explain for what, where and when:

Have you been convicted, pleaded guilty or nolo contendere to a misdemeanor involving false statements or perjury? [] Yes [] No If yes, explain for what, where and when:

Have you been convicted by court-martial? [] Yes [] No If yes, explain for what, where and when:

ARE YOU EMPLOYED? Yes-WHERE? No-LIST LAST EMPLOYER & DATES.

Employer: _____

Address: _____ Phone: _____

Experience: Describe below any employment or occupation you have had, including experience in the armed forces or VOLUNTEER WORK. Begin with your present or most recent employment and work backward consecutively. Use separate sheet if necessary. List all occupations, employment, self-employment, unemployment, student status you have held during the last 10 years.

May inquiry be made of your present or past employers regarding your character, qualifications, etc.? Explain NO answer.
 Yes No

Have you ever been involuntarily terminated from employment or asked to resign? Yes No
If yes, please complete the following:

Employer: _____ Date: _____

Address: _____

Explanation: _____

List two personal, local references:

1. Name _____ 2. Name _____

Address _____ Address _____

Phone _____ Phone _____

SIGNATURE CERTIFICATION AND RELEASE OF INFORMATION:

YOU MUST SIGN THIS APPLICATION. READ THE FOLLOWING CAREFULLY BEFORE YOU SIGN.

I certify that answers to all questions and all other information furnished herein is true and correct. I further certify that all such answers and information constitute full and complete disclosure of my knowledge with respect to the questions or subject matter. I understand that any incorrect, incomplete, or false statements or information furnished by me may subject me to disqualification or to discharge at any time. I agree to comply with all lawful orders, rules, and regulations of the Volusia County Sheriff's Office. I understand that this application is public record and, as such, portions may be released pursuant to a public records request. I authorize any references listed to provide information as requested for the processing of this application.

Signature _____ Date _____

Mail completed application to:

**C.O.P.
VOLUSIA COUNTY SHERIFF'S OFFICE
P.O. BOX 560
DELAND, FL 32721-0569**