

Mail to:

Sarasota Police Department
Attn: Volunteer Coordinator
2099 Adams Lane
Sarasota, FL. 34237

For Office Use Only

Date received: _____

Received By: _____

Supervisor: _____



SARASOTA POLICE DEPARTMENT

Citizen Volunteer Application



This application must be typed or printed in blue/black ink. All questions must be answered factually and completely. Mark N/A next to any question that does not apply. Do not leave any questions unanswered.

1. **Name:** _____
(Last) (First) (Middle)

2. **Address:** _____
(Street) (City/State) (Zip)

3. **Home Phone:** () _____ **Cellular:** () _____

If seasonal, please provide your additional address below. How many months a year do you reside at the above location? _____

Address: _____
(Street) (City/State) (Zip)

4. **DOB:** _____ **City & State of Birth:** _____

5. **Driver's License Number:** _____ **State:** _____

6. **Email:** _____ **U.S. Citizen:** Yes _____ No _____

7. **Social Security Number:** _____

8. **Military Service:** Yes _____ No _____ **Honorable Discharge:** Yes _____ No _____

9. **Have You Ever Been Arrested:** Yes _____ No _____

If Yes, please explain: _____

10. **Have you ever received a traffic citation:** Yes _____ No _____ **How Many:** _____

11. **Emergency Contact:** _____
(Name) (Phone)

12. **Are you currently employed:** Yes _____ No _____ **If "Yes" where:** _____

Please list all places you have worked in the last five years in the space provided on the next page. Use the back of this form or attach additional pages if more space is needed.

Employer/Company: _____

Address: _____
(Street) (City/State) (Zip)

Supervisor Name: _____ Phone No: _____

Start Date: _____ End Date: _____ Job Title: _____

Employer/Company: _____

Address: _____
(Street) (City/State) (Zip)

Supervisor Name: _____ Phone No: _____

Start Date: _____ End Date: _____ Job Title: _____

13. Special skills or training: _____

14. Education: GED ____ High School ____ College ____

15. Do you speak another language?: Yes ____ No ____

If "Yes" please list: _____

16. Do you volunteer elsewhere: Yes ____ No ____

If "Yes" where: _____

17. Anticipated number of hours per week: _____ **Preferred Days:** _____

Preferred assignments: _____

Shirt Size: SMALL MEDIUM LARGE
 X-LARGE XX-LARGE XXX-LARGE

18. Please tell us your reason(s) for wanting to volunteer:

19. Additional Information (please list any additional information you'd like to share):

20. Release:

I, _____, hereby give the Sarasota Police Department the right to make a thorough investigation of my previous employment, education, and activities and I release from all liability all persons, governmental agencies, companies, and corporations supplying such information. I indemnify the Sarasota Police Department and City of Sarasota against any liability which might result from making such investigation. I understand that any false answer, statement, or implication made by me in the Citizen Volunteer application process shall be considered sufficient cause for denial of my application or for dismissal from participation as a volunteer in the program. I also understand that I may be asked to leave the program at any time for any reason.

Applicant Signature

Date

Witness Signature

Date