



Marion County Sheriff's Office Division of Emergency Management Application for Volunteer Programs

Date of Application: _____

Name: _____
First Middle Last

Other Names You Have Used: _____

Community You Live In? _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Secondary Phone: _____

Email address: _____

Mailing Address (if different): _____

Program Applying For:

☐ Community Emergency Response Team (CERT)

☐ Marion Emergency Radio Team (MERT)

are you interested in serving on any of the following teams?

☐ Citizens Information Line Call Taker

☐ Disaster Sheltering Support Team

☐ Emergency Operations Center Support Team

☐ Point of Distribution (water, food, tarps, etc.) Team

If applying for MERT, please list your HAM license:

If applying for MERT, are you interested in the following?

☐ Would you be willing to be stationed at a shelter with the possibility of an overnight or possible extended stay?

☐ Would you be willing to be deployed outside of Marion County on a mutual aid assignment?

Personal Information

This information is used for the sole purpose of a background check. All applications remain in a locked file.

Date of Birth: _____ Race: _____ Sex: _____

Driver's License No. _____ State: _____ Expiration Date: _____



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Questionnaire Portion					
Questions	Yes	No			
1.) Because of the nature of this work, we are required to do a background check on each person applying. <u>Do you have any objections?</u>	<input type="checkbox"/>	<input type="checkbox"/>			
2.) Have you ever had a driver's license suspended, denied, or revoked? If yes, please explain on a separate page and attach to this application.	<input type="checkbox"/>	<input type="checkbox"/>			
3.) Have you ever been <u>arrested, charged with, or convicted of a crime</u> , excluding traffic citations? If yes, please explain on a separate page and attach to this application.	<input type="checkbox"/>	<input type="checkbox"/>			
4.) Have you ever been placed on court probation as an adult? If yes, please explain on a separate page and attach to this application.	<input type="checkbox"/>	<input type="checkbox"/>			
5.) Were you ever required to appear before juvenile court for an act, which would have been a crime if committed by an adult? If yes, please explain on a separate page and attach to this application.	<input type="checkbox"/>	<input type="checkbox"/>			
6.) Are you now or have you ever been involved as a plaintiff or defendant in any civil court action?	<input type="checkbox"/>	<input type="checkbox"/>			
7.) Do you have any medical conditions, including special allergies or medical conditions, which would require special consideration during your training? <u>If yes, please explain on a separate page and attach to this application.</u>	<input type="checkbox"/>	<input type="checkbox"/>			
Applicant's Statement					
<p>I certify that all information provided in this volunteer application is true and complete. I understand that any false information or omission may disqualify me from further consideration for volunteering and may result in my dismissal if discovered later.</p> <p>I authorize the investigation of any or all statements in this application. I also authorize, whether listed or not, any person, school, current employer, past employers, and organizations to provide relevant information and opinions that may be useful in deciding about my volunteering. I release such persons and organizations from any legal liability in making such statements.</p> <p>I have read, understand and by my signature consent to these statements.</p>					
Signature of Volunteer _____	Date _____				
Application Approval <i>Emergency Management Staff Use Only</i>					
Background Check Completed:	YES	NO			
Background Print Out Required:	YES	NO			
Date Received: _____	Approved: _____				
Denial Reasoning: _____					
If Necessary, Date Denial Letter Sent: _____					
Reviewer Signature: _____	Date: _____				



Florida Department of
Law Enforcement

**AUTHORITY FOR RELEASE
OF INFORMATION
(Background Investigation Waiver)**

Incorporated by Reference in Rule 11B-27.0022, F.A.C.



**CJSTC
58**

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: _____

AGENCY REQUESTING BACKGROUND INFORMATION: _____

ADDRESS: _____

Having made application for certification or employment as a law enforcement, correctional, or correctional probation officer within the state of Florida, I hereby authorize for one year, from the date of execution hereof, any authorized representative of a Florida criminal justice agency or a Regional Criminal Justice Selection Center bearing this release to obtain any information pertaining to my employment, credit history, education, residence, academic achievement, personal information, work performance, background investigations, polygraph examinations, any and all internal affairs investigations or disciplinary records, including any files that are deemed to be confidential and/or sealed.

I also authorize release of any criminal justice records of arrests, citations, detentions, probation and parole records, or any police reports or other police records in which I may be named for any reason, including any files that are deemed to be juvenile and confidential. I hereby direct you to release this information upon the request of the bearer, whether in person or by correspondence. I further authorize the bearer to make copies of these records.

This release is executed with the full knowledge and understanding that these records and information are for the official use of a Florida criminal justice agency or Regional Criminal Justice Selection Center in fulfilling official responsibilities, which may include sharing the records or information with other criminal justice agencies, Regional Criminal Justice Selection Centers or the State of Florida or release to third parties as may be required by Florida public records laws. I hereby release you, as the custodian of such records, and employer, educational 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 copy 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 copies from my military personnel and related medical records, including a copy 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. **Pursuant to Sections 943.134(2)(a) and (4), 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 _____

OATH

Pursuant to Section 117.05(13)(a), Florida Statutes

STATE OF _____ COUNTY OF _____

Sworn to (or affirmed) and subscribed before me by means of Physical Presence ☐ OR Online Notarization ☐ this _____
day of _____, year _____, By _____

Signature of Notary Public – State of Florida _____

Print, Type, or Stamp Commissioned name of Notary Public _____

Personally Known ☐ OR Produced Identification ☐

Type of Identification Produced _____