



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

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. Do you have any objections?	<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 arrested, charged with, or convicted of a crime, 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? If yes, please explain on a separate page and attach to this application.	<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: _____		Denied: _____		
Denial Reasoning: _____					
If Necessary, Date Denial Letter Sent: _____					
Reviewer Signature: _____				Date: _____	