

 Volunteer Application

# Personal Information

|  |  |  |  |
| --- | --- | --- | --- |
| Last Name: | First Name: | Middle Name: | E-mail Address: |
| Street Address: | City: | State: | Zip Code: |
| Home Phone Number: | Work Phone Number: | Cellular Phone Number: |
| Best way to contact you (home, work, cell): | When will you be available to volunteer? |  |
| Are you a Citizens Academy graduate?\* | If yes, when: |
| I If yes, class number (if known): | Do you have relatives or friends that work at the Sheriff's Office? |

**Personal History**

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Birth: | Place of Birth: | Social Security Number: | Driver’s License Number: |

**Education and/or Special Training**

**Work Experience**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Employer Name: | Job Title: | Dates Employed: |  |  |
| From: |
| To: |
| Type of Job: |  |  |
| Work Performed: |
|  |  |  |  |

# Work Experience (continued)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Employer Name: | Job Title: | Dates Employed: |  |  |
| From: |
| To: |
| Type of Work: |  |  |
| Work Performed: |
|  |  |  |  |

**Please indicate the volunteer opportunities in which you are interested:**

|  |  |  |
| --- | --- | --- |
|  Customer Service Assistance |  Chaplain Program |  Special Events Assistance |
|  Sheriff's Spouses Auxiliary Program |  Reserve Deputy Sheriff |  Community Outreach Assistance |
|  Records Department Assistance |  Sheriff's Programs Assistance |  Explorer Program |
|  Clerical Assistance |  Courtroom Assistance |  Courtesy Patrol |
|  Logistical Support Assistance |  Supply Room Assistance |  Academy Role Player |

**Emergency Contact Information (please list at least two)**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | Phone Numbers (cell/work/home): | Address (if different from applicant: | Relationship to applicant: |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Agreement**

The facts set forth in my application to volunteer are true and complete. I understand that false statements on this application shall be considered sufficient cause for withdrawal of my request to volunteer with the Scotland County Sheriff’s Office. I understand that this information is for use by Scotland County and will be safeguarded against unauthorized disclosure to any agency or individual. I understand that, with the exception of Reserve Deputy Sheriffs, volunteers are not sworn officers. By asking to participate in the Scotland County Sheriff’s Office Volunteer Program, I request the Sheriff’s Office to run criminal history, records, and driver’s license checks on me annually.

BY SIGNING BELOW, I certify that I have read and agree with these statements.

Applicant’s Signature Date

Printed Name