



**OSCEOLA COUNTY SHERIFF'S OFFICE
ROBERT E. HANSELL, SHERIFF**

**VOLUNTEER CHAPLAIN PROGRAM
APPLICATION PROCESS**

Please fill out completely, or the application will not be processed.

Step 1. Application

Complete application and Return to:
Osceola County Sheriff's Office
Human Resources Section
2601 E. Irlo Bronson Memorial Hwy
Kissimmee, FL 34744

Step 2. Application Review

The Human Resources Supervisor will review your application. All areas "MUST" be completed or have an N/A placed for Not Applicable information in order to be processed.

Step 3. Background Checks

This process includes fingerprinting, a review of the applicant's criminal history, a clearance for current warrants, drug testing and driving record checks. Your current employer, as well as, three (3) personal references listed by the applicant will be contacted to determine the applicant's suitability to become a member of the Volunteer Chaplain Program. Failure to provide complete address information will result in the application being denied. The Human Resources Division must receive completed reference questionnaires within thirty (30) days of original mailing date.

Step 4. Interview and Fingerprinting

Upon receipt of three completed and positive character reference forms, the applicant will be contacted by the Human Resources Section to establish a time for an interview and fingerprinting.

Step 5. Acceptance or Non-Acceptance

All applicants will be notified by mail of their acceptance or non-acceptance to the program.

Please note that at any time the Osceola County Sheriff's Office can deny any application based on information collected during the application process.

OSCEOLA COUNTY SHERIFF'S OFFICE

Robert E. Hansell, Sheriff

VOLUNTEER PROGRAM

Letter of Understanding

As a volunteer chaplain working with the Osceola County Sheriff's Office, I agree to the following:

- 1. To obey the laws of the State of Florida and the County of Osceola.**
- 2. Not to use my position as a volunteer chaplain for personal gain.**
- 3. That the identification badge which will be issued to me is the property of the Osceola County Sheriff's Office and must be surrendered to the Sheriff's Office upon demand.**
- 4. To use the identification badge only for the purpose for which it was issued, namely:**
 - (a) To identify myself as a volunteer chaplain at various specified functions, when requested to be there and/or called out**
 - (b) To identify myself while in the confines of the Osceola County Sheriff's Office facilities.**
- 5. Please include a letter of support from your sponsoring religious body or denomination. If you are a pastor, a letter from your council or your church board. The letter should state you have 5 years of continuous experience in the ministry.**
- 6. A copy of your license or ordination certificate and copies of your HS/GED diploma, college and seminary degrees, and any other training in the ministry.**

I understand that any violation of the above guidelines may be grounds for surrender of the identification badge and may also be grounds for the severance of my relationship as a volunteer chaplain with the Osceola County Sheriff's Office.

NAME _____ **DATE** _____
(Please Print)

ADDRESS _____
(Please Print)

SIGNATURE _____



OSCEOLA COUNTY SHERIFF'S OFFICE

2601 E. Irlo Bronson Memorial Hwy., Kissimmee, Florida 34744

Telephone: (407) 348-1100 · Fax (407) 348-1181

www.osceolasheriff.org

NOTICE TO PERSONS REGARDING COLLECTION OF SOCIAL SECURITY NUMBERS

The Osceola County Sheriff's Office collects Social Security Numbers of persons who:

1. Apply for employment or are employed by this agency.
2. Apply to qualify with a firearm pursuant to HR 218, the Nationwide Concealed Carry Act for Retired Law Enforcement Officers.
3. Apply to volunteer with this agency.
4. Are arrested or contacted for investigative reasons by this agency.
5. Are fingerprinted by this agency.

For the performance of duties and responsibilities prescribed by law, the Osceola County Sheriff's Office collects Social Security Numbers for the following reasons:

1. To verify identity.
2. To conduct employment background investigations.
3. For wanted person, driver's license, and criminal history queries.
4. For payroll and retirement purposes.
5. For reporting purposes of Federal withholding taxes of employees.

OSCEOLA COUNTY SHERIFF'S OFFICE
Robert E. Hansell, Sheriff
COMMUNITY VOLUNTEER APPLICATION

PERSONAL DATA: (Please print and use ink pen)

NAME: _____,
(Last) (First) (Middle)

HOME ADDRESS: _____

HOME PHONE # _____ SOCIAL SECURITY # _____

NAME OF EMERGENCY CONTACT _____

ADDRESS _____

PHONE # _____

RELATIONSHIP _____

YOU MUST BE ABLE TO ANSWER "NO" TO QUESTIONS 1-7 IN ORDER TO BE CONSIDERED:

1. yes no Has your driver's license been suspended within the past year?
2. yes no Have you received 3 or more moving traffic violations in the past 3 years?
3. yes no Have you used marijuana in the last 3 years?
4. yes no Have you used any of the following in the last 10 years: cocaine, LSD, PCP, opium, heroin, mescaline, steroids, speed, barbiturates, Quaaludes, Glue, DMT, crack, "mushrooms" or inhalants?
5. yes no Have you ever been convicted of a felony?
6. yes no Have you ever been convicted of a misdemeanor involving moral turpitude, false statements, perjury or domestic violence?
7. yes no If employed by a law enforcement agency are you currently under any internal investigations?

CRIMINAL HISTORY:

HAVE YOU "EVER" BEEN ARRESTED, RECEIVED A NOTICE TO APPEAR, CHARGED, CONVICTED, PLED NOLO CONTENDERE OR PLED GUILTY TO ANY CRIMINAL VIOLATION, REGARDLESS IF THE RECORD WAS SEALED OR EXPUNGED? YES NO

<p>IF YOU ANSWERED YES TO THE ABOVE QUESTION, YOU MUST PROVIDE THE OSCEOLA COUNTY SHERIFF'S OFFICE WITH A COPY OF THE REPORT BEFORE YOUR APPLICATION CAN BE CONSIDERED.</p>
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EMPLOYMENT:

ARE YOU CURRENTLY EMPLOYED? YES _____ NO _____

EMPLOYER _____

ADDRESS _____

WORK PHONE _____

POSITION OR JOB TITLE _____

EDUCATIONAL BACKGROUND: (Check appropriate schooling)

HIGH SCHOOL _____ COLLEGE _____ MAJOR _____

BUSINESS SCHOOL _____ NURSING SCHOOL _____ TECHNICAL SCHOOL _____

AREA OF STUDY _____

OTHER _____

DRIVING HISTORY:

1. DRIVER'S LICENSE NUMBER: _____ STATE: ___ EXP: _____

2. HAS YOUR LICENSE "EVER" BEEN SUSPENDED OR REVOKED? _____ YES _____ NO
IF YES, EXPLAIN:

3. DO YOU HAVE ANY DRIVER'S LICENSE RESTRICTIONS? _____ YES _____ NO
IF YES, WHAT TYPE OF RESTRICTIONS?

4. HAVE YOU EVER HAD A TRAFFIC CITATION (OTHER THAN PARKING)? ___ YES ___ NO
IF YES, WHAT CITY, COUNTY AND STATE?

5. WHAT STATES, OTHER THAN FLORIDA, HAVE YOU HELD A DRIVER'S LICENSE?
(LIST ALL STATES AND INCLUDE TEMPORARY AND LEARNING PERMITS)

6. HAVE YOU EVER BEEN INVOLVED IN A TRAFFIC ACCIDENT THAT WAS YOUR FAULT? ___YES___NO (IF YES, EXPLAIN).

7. HAS YOUR AUTO INSURANCE “EVER” LAPSED? ___YES___NO (IF YES, EXPLAIN)

8. HOW MANY TIMES HAVE YOU DRIVEN A VEHICLE WHILE UNDER THE INFLUENCE OF ALCOHOL, WHERE IF STOPPED YOU COULD HAVE BEEN ARRESTED?

WHEN WAS THE LAST TIME? _____

9. HAVE YOU “EVER” BEEN INVOLVED IN ANY OTHER ACTS, INVOLVING ALCOHOL THAT COULD BE CONSIDERED CRIMINAL? (IF YES, EXPLAIN)

VOLUNTEER INFORMATION:

REASON FOR WANTING TO BECOME A VOLUNTEER WITH THE SHERIFF’S OFFICE:

PLEASE CIRCLE DAYS PREFERRED: M T W Th F Weekends

PLEASE CIRCLE HOURS PREFERRED: AM PM

HOW MANY HOURS WOULD YOU BE WILLING TO VOLUNTEER WEEKLY? _____

HOW MANY HOURS WOULD YOU BE WILLING TO VOLUNTEER MONTHLY? _____

DO YOU HAVE TRANSPORTATION? YES_____ NO_____

DO YOU HAVE ANY PHYSICAL LIMITATIONS? IF SO, EXPLAIN

DRUG TESTING CONSENT:

I UNDERSTAND THAT AS PART OF THE APPLICATION PROCESS, THE AGENCY WILL CONDUCT AN IN-DEPTH BACKGROUND INVESTIGATION IN AN EFFORT TO DETERMINE MY SUITABILITY TO FILL THE POSITION FOR WHICH I APPLIED. IN KEEPING WITH THE EFFORTS OF THE AGENCY TO IDENTIFY THE MOST QUALIFIED INDIVIDUALS FOR THE AGENCY, I DO HEREBY VOLUNTARILY CONSENT TO THE SAMPLING AND SUBSEQUENT TESTING OF MY BODY FLUIDS, INCLUDING URINE AND BLOOD. I UNDERSTAND THAT REFUSAL TO SUPPLY THE NECESSARY SAMPLES MAY BE GROUNDS FOR REJECTION OF MY APPLICATION FOR COMMUNITY VOLUNTEER. I FURTHER UNDERSTAND THAT THE RESULTS OF THE TESTING MAY BE UTILIZED IN CONJUNCTION WITH ANY OTHER INFORMATION OBTAINED DURING THE APPLICATION PROCESS TO DETERMINE MY ELIGIBILITY FOR THE POSITION FOR WHICH I HAVE APPLIED, AND THAT WRITTEN CONFORMATORY LABORATORY REPORTS MAY BE SUBJECT TO DISCLOSURE UNDER THE FLORIDA PUBLIC RECORDS ACT.

APPLICANTS SIGNATURE

DATE

WITNESS SIGNATURE

DATE

_____ APPLICANT REFUSED TO SIGN CONSENT

REFERENCES:

PLEASE LIST THREE PERSONAL REFERENCES. THESE REFERENCES MUST BE LONG TIME FRIENDS OR CO-WORKERS. PLEASE GIVE COMPLETE INFORMATION ON EACH PERSON. (RELATIVES ARE NOT ACCEPTABLE).

A. NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

B. NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

C. NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

APPLICANT SIGNATURE

DATE

OSCEOLA COUNTY SHERIFF'S OFFICE

Robert E. Hansell, Sheriff

VOLUNTEER PROGRAM

Volunteer Code of Ethics

As a volunteer, I am subject to a Code of Ethics similar to that of professional workers. I accept my assigned responsibilities and expect to account for what I do.

I make a firm commitment of my time, talents and skills for a definite period of time. I intend to be faithful to this commitment. If I am unable to report for work, I will notify my supervisor or my client.

I will conduct myself with dignity, courtesy, and will always act in a professional manner.

I will consider confidential all information which I may learn directly or indirectly about a client, fellow worker, or any member of the staff. I will not seek information regarding a client unless it is essential to my assignment.

I will take any problems, criticisms, or suggestions directly to my supervisor and/or the volunteer coordinator.

I promise to bring to my work an attitude of open-mindedness, a willingness to be trained and to accept supervision. I will follow all department policies and procedures.

I realize that I have assets that my co-workers may not have, and I will use these to enrich the project on which we are working. I also realize that I may learn from my co-workers who have talents I do not possess.

I am willing to allow extra time for conferences and monthly meetings with other volunteers and agency staff supervisors. I am willing to keep simple records such as my volunteer time logs.

My attitude toward volunteer work should always be professional; therefore I know that I have an obligation to my work, to those who direct it, to my colleagues, to those for whom it is done, and to the public.

Name of Volunteer (Please Print)

Signature of Volunteer

Date



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



**CJSTC
58**

Incorporated by Reference in Rule 11B-27.0022(2)(b), F.A.C.

To: Concerned Person or Authorized
Representative of Any Organization,
Institution or Repository of Records

APPLICANT'S NAME: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER (Optional): _____

EMPLOYING AGENCY REQUESTING BACKGROUND INFORMATION: _____

I hereby authorize any employee or authorized representative bearing this release, or copy thereof, to obtain any information in your files pertaining to my employment records including, but not limited to, achievement, attendance, personal history, disciplinary records, medical records, credit records, and criminal history records. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the requesting agency. Consent is granted for the agency to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities. 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 photocopy 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 photocopies from my military personnel and related medical records, including a photocopy of my DD 214, Report of Separation, 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

AFFIDAVIT

STATE OF _____

COUNTY OF _____

Before me personally appeared _____ who says that he/she executed the above instrument of his or her own free will and accord, with full knowledge of the purpose therefore.

Sworn and subscribed in my presence this _____ day of _____, 20_____. My Commission expires on _____, 20_____. Personally Known _____ - or -

Produced Identification _____ Notary Public: _____

Type of identification produced: _____