

**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

**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.**

**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 HAD A DRIVER'S LICENSE IN? (LIST ALL STATES AND INCLUDE TEMPORARY AND LEARNING PERMITS) \_\_\_\_\_
6. HAVE YOU EVER BEEN INVOLVED IN A TRAFFIC ACCIDENT THAT WAS YOUR FAULT? (IF YES, EXPLAIN). \_\_\_\_\_ YES  
NO: \_\_\_\_\_
7. HAS YOUR AUTO INSURANCE "EVER" LAPSED? (IF YES, EXPLAIN) \_\_\_\_\_ YES \_\_\_\_\_ NO
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 ACLOHOL, THAT COULD BE CONSIDERED CRIMINAL? (IF YES, 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 POSTION FOR WHICH I APPLIED. IN KEEPING WITH THE EFFORTS OF THE AGENCY TO IDENTIFY THE MOST QUALIFIED INDIVIDUALS FOR THE AGENCY, I DO HEARBY 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 DEVELOPED DURING THE APPLICATION PROCESS TO DETERMINE MY ELIGIBILITY FOR THE POSTION 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

**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 \_\_\_\_\_  
\_\_\_\_\_

**REFERENCES:**

PLEASE LIST ATLEAST THREE REFERENCES WHO CAN PROVIDE THE OSCEOLA COUNTY  
SHERFF'S OFFICE WITH A REFERENCE. GIVE COMPLETE INFORMATION ON EACH  
REFERENCE. (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'S SIGNATURE DATE

**OSCEOLA COUNTY SHERIFF'S OFFICE  
Robert E. Hansell, Sheriff**

**Criminal History Information Sheet**

**Please print (in ink) all the requested information above the dotted line only.**

NAME \_\_\_\_\_,  
\_\_\_\_\_  
(Last) (First) (Middle)

PLEASE LIST ALL OTHER NAMES YOU HAVE USED, INCLUDING YOUR MAIDEN AND MARRIED NAMES.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ RACE \_\_\_\_\_  
SEX \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_

DRIVER'S LICENSE # \_\_\_\_\_  
STATE \_\_\_\_\_

\*\*\*\*\*

**FOR SHERIFF'S OFFICE USE ONLY**

10-29P FCIC \_\_\_\_\_ NCIC \_\_\_\_\_ Operator \_\_\_\_\_

Criminal History FCIC \_\_\_\_\_ NCIC \_\_\_\_\_  
Operator \_\_\_\_\_

Local Record Check NEG \_\_\_\_\_ POS \_\_\_\_\_

Clerk \_\_\_\_\_

Driver's License      VALID \_\_\_\_\_  
INVALID \_\_\_\_\_

REASON \_\_\_\_\_

Driver's License  
Type \_\_\_\_\_

D.L. Expiration  
Date \_\_\_\_\_

D.L. Checked  
By \_\_\_\_\_

—

**\*\*\*\*\* ATTACH ALL TELETYPE PRINTOUTS TO THIS FORM \*\*\*\*\***

**OSCEOLA COUNTY SHERIFF'S OFFICE  
Robert E. Hansell, Sheriff**

**VOLUNTEER PROGRAM**

**Letter of Understanding**

**As a volunteer 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 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 at various specified functions.**
  - (b) To identify myself while in the confines of the Osceola County Sheriff's Office facilities.**

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

NAME \_\_\_\_\_

DATE \_\_\_\_\_

(Please Print)

ADDRESS \_\_\_\_\_

(Please Print)

SIGNATURE \_\_\_\_\_

O.S.O.  
OFFICIAL \_\_\_\_\_

**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.

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Name of Volunteer (Please Print)

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Signature of Volunteer

Date

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

**COMMUNITY VOLUNTEER 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 and Community Services Supervisor will review your application. All areas "MUST" be completed or have a 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 applicants suitability to become a member of the Community Volunteer Program. Three (3) reference forms will be mailed to the individuals you have provided on the application. 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, 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. Letter of support from your sponsoring religious body or denomination. If you are a pastor, a letter from your council or your church board must accompany application. Letter should state you have 5 years of continuous experience in the ministry.**

**6. Copy of your license or ordination certificate and copies of your H.S./GED diploma, college and seminary degrees, and any other training in ministry.**

**I understand that any violations of the above guidelines may be ground 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** \_\_\_\_\_

\_\_\_\_\_

**O.S.O.**  
**OFFICIAL** \_\_\_\_\_

\_\_\_\_\_