

# MARION COUNTY SHERIFF'S OFFICE



## VOLUNTEER APPLICATION

Return to: Marion County Sheriff's Office  
P.O. Box 1987, Ocala, FL 34478

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Number Street  
\_\_\_\_\_  
City State Zip Code

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext.: \_\_\_\_\_

Email Address: \_\_\_\_\_

Position/Group Applying For: \_\_\_\_\_

Have you ever filed a volunteer or employment application with us?  Yes  No

LAST NAME:

FIRST NAME:

DATE:

## **APPLICANT CHECK LIST**

- \_\_\_\_\_ 1. Birth Certificate
- \_\_\_\_\_ 2. Driver's License (copy of front and back)
- \_\_\_\_\_ 3. Social Security Card
- \_\_\_\_\_ 4. Photograph
- \_\_\_\_\_ 5. Any other documents reflecting your qualifications for the position you are applying for

**Marion County Sheriff's Office volunteers are not authorized to carry or be in possession of any weapons while in a Marion County Sheriff's Office volunteer vehicle or while on duty, even if they possess a concealed weapons permit.** \_\_\_\_\_ (Initial)

## **REQUIREMENTS**

Be at least 19 years of age.

Have earned at least a high school diploma or equivalent (GED).

Must not have been convicted of any felony or a misdemeanor involving perjury or false statement.

Never received a dishonorable or undesirable discharge from any of the Armed Forces of the United States.

Have good moral character as determined by a background investigation.

Must possess a valid driver's license.

## **FELONY CONVICTIONS**

Any individual convicted of a felony shall be ineligible for appointment to the Office of the Sheriff pursuant to Florida Statute 943.13. A felony is defined by Florida law as any offense for which a person may receive one (1) year of confinement in a state or federal institution.

## **OTHER CONVICTIONS**

With respect to all other criminal convictions which are not felonies, each case will be considered on an individual basis. Consideration will be given to the date and nature of the offense, the requirements of the position for which the applicant is being considered, as well as the applicant's other qualifications.

## **CONFIDENTIALITY**

Pursuant to Florida Statutes 119, the Public Records Act, documents made or received by the Office of the Sheriff in the course of processing this application may be considered to be a public record and open for inspection by the public. Some records, such as examination questions, answers and reference information, are not public records and may not be disclosed.

## **AUTOMATIC DISQUALIFIERS**

The Marion County Sheriff's Office Volunteer Services Program will NOT consider the application of any individual who:

- Has been convicted of any offense that would be a felony if committed in Florida.
- Has used illegal drugs within the past five (5) years.
- DUI in the past five (5) years.
- Three or more at-fault accidents/moving violations in the past three (3) years.
- Has sold marijuana or other illegal drugs.
- Has falsified his or her application, including the omission of required information.

An arrest may not be disqualifying in and of itself. Applicants will be considered on a case by case basis.

## **Prison Rape Elimination Act (PREA) Guidelines**

**PREA** is a Federal law created to address the problem of sexual abuse and misconduct in all correctional facilities. PREA applies to federal, state and local institutions. This includes prisons, jails, court holding facilities, police lockups, immigration detention facilities, military holding facilities, and community correctional settings. Additionally, PREA applies across the board to both public and private facilities, as well as adult and juvenile facilities.

As a practitioner-volunteer with the Marion County Sheriff's Office, you are mandated to uphold and be compliant with MCSO's **zero tolerance policy** of all forms of sexual abuse of inmates by: other inmates; staff; practitioners; volunteers; contractors; or individuals having responsibility for the safety, security, care and/or treatment of inmates. You have the **duty to report** incidents where staff, practitioners, volunteers or contractors are sexually involved with or sexually harassing an inmate.

1. Have you ever engaged in sexual abuse or sexual harassment of an inmate in a prison, jail, juvenile facility, or other institution? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please explain in detail: \_\_\_\_\_  
\_\_\_\_\_
2. Have you ever been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please explain in detail: \_\_\_\_\_  
\_\_\_\_\_
3. Have you ever been civilly or administratively adjudicated to have engaged in any activity described above?  
\_\_\_\_\_ Yes \_\_\_\_\_ No     If yes, please explain in detail: \_\_\_\_\_  
\_\_\_\_\_

PERSONAL DATA

List current and previous addresses for the past five years:

Street	City	State	Zip	How long?
Street	City	State	Zip	How long?
Street	City	State	Zip	How long?

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Your SS# is required to perform a background check. This information will not be shared with an outside party or source.

Please list and explain any other name or aliases you have had in the past: \_\_\_\_\_

List any languages, other than English, which you speak or write fluently: \_\_\_\_\_

EDUCATION/MILITARY

High School Name	City, State	Grade Completed	Year
College Name	City, State	Years Completed	Year
College Name	City, State	Years Completed	Year

Degree(s) Earned: \_\_\_\_\_ Major(s): \_\_\_\_\_ Minor(s): \_\_\_\_\_

Military Service: \_\_\_\_\_

Branch	Dates of Service
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Are you now or have you ever been a member of any foreign or domestic organization or group that advocates or approves the commission of acts of force or violence which denies other persons their rights under the constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional means?

\_\_\_\_ Yes \_\_\_\_ No

EMPLOYMENT HISTORY

Present Employer: \_\_\_\_\_

Name	Address
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Job Duties \_\_\_\_\_ Employment Dates \_\_\_\_\_

Previous Employer: \_\_\_\_\_

Name	Address
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Job Duties \_\_\_\_\_ Employment Dates \_\_\_\_\_

Previous Employer: \_\_\_\_\_

Name	Address
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Job Duties \_\_\_\_\_ Employment Dates \_\_\_\_\_

Please list any special skills, training, interests or hobbies you have that may be useful to the Sheriff's Office (i.e. two-way radio, computers, investigative skills, search and rescue):

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Please list any current or previous volunteer activities you have participated in:

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

How did you learn about volunteer opportunities at the Marion County Sheriff's Office

\_\_\_\_\_
\_\_\_\_\_

IN CASE OF EMERGENCY CONTACT:

Name Relationship Address Telephone #

Name Relationship Address Telephone #

Have you ever been arrested, detained, stopped, questioned, or held for interview by any law enforcement agency for any reason, including minor traffic violations? Yes No

If so, explain: \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Has your driver's license ever been canceled, suspended, revoked or voluntarily surrendered? Yes No

If so, explain: \_\_\_\_\_
\_\_\_\_\_

Have you used or possessed, within the last five years, any controlled substance such as marijuana, cocaine, crack, heroin, or any other illegal substance? Yes No

Have you ever been counseled for drug or alcohol abuse? Yes No
If yes, list dates of use and drug type: \_\_\_\_\_

I have answered these questions honestly and completely, not withholding any information the Sheriff's Office would deem significant to my application process.

Print Name

Sign Name

Date

**VOLUNTEER APPLICATION CERTIFICATION**

**Must Be Notarized**

I understand that my volunteer work for the Marion County Sheriff's Office will be contingent upon the results of a complete background investigation. I am aware that any omission, falsification, misstatement or misrepresentation will be the basis for my disqualification as a volunteer applicant or my dismissal from the Sheriff's volunteer program. I agree to these conditions and certify that all statements made by me on this application are true, correct and complete to the best of my knowledge.

I understand that I may be fingerprinted, and understand that this volunteer application shall become the property of the Sheriff's Office and that it and the information received in the background information may be public record.

I understand that the use of drugs or alcohol is not permitted during work hours whether paid or unpaid. I agree to conform to the rules, regulations and order of the Sheriff's Office.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**AFFIDAVIT**

State of Florida, County of \_\_\_\_\_ Subscribed and Sworn to (or affirmed) before me on this \_\_\_\_\_ day of \_\_\_\_\_ by \_\_\_\_\_ (name of affiant). He/she is personally known to me or has presented \_\_\_\_\_ (type of identification) as identification.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (printed or typed)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Commission Number                      Expiration Date

## **DRUG CERTIFICATION FORM**

I, \_\_\_\_\_, an applicant with the Marion County Sheriff's Office, hereby certify that I am not currently using, taking or injecting any illegal drug, narcotic, marijuana or any other habit forming substance without such substance being lawfully prescribed by and under the direction of a licensed medical doctor.

I understand and agree that falsification or misrepresentation with respect to this certification will disqualify me from consideration as a volunteer.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

## **APPLICANT DRUG TESTING CONSENT FORM**

I understand that as a part of the screening process, the Office of the Sheriff will conduct an in-depth background investigation in an effort to determine my suitability to fill the position for which I have applied and may include drug testing.

In keeping with the efforts of the Office of the Sheriff to identify the individuals best fit for the law enforcement service, 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 volunteer application. I further understand that the results of the testing may be utilized in conjunction with any other information developed during the screening process to determine my eligibility for the position for which I have applied. Drug test results under this policy will not be disclosed for the purpose of criminal prosecution.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**MARION COUNTY SHERIFF'S OFFICE**  
**VOLUNTEER PROGRAM**

**Letter of Understanding**

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

1. To obey the laws of the State of Florida and the County of Marion.
2. Not to use my position as a volunteer for personal gain.
3. That the identification badge and any other volunteer issued items which will be issued to me is the property of the Marion 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 Marion County Sheriff's Office facilities.

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 with the Marion County Sheriff's Office.

NAME \_\_\_\_\_ DATE \_\_\_\_\_  
(Please Print)

ADDRESS \_\_\_\_\_  
(Please Print)

SIGNATURE \_\_\_\_\_