

VOLUNTEER / INTERN APPLICATION FOR INDIAN RIVER COUNTY SHERIFF'S OFFICE

INSTRUCTIONS

THE APPLICANT WILL BE SUBJECT TO DISQUALIFICATION FOR ANY FALSIFICATION AND / OR THE OMISSION OF INFORMATION IN THIS APPLICATION.

Volunteer / Intern A	pplication Process
Interview #2 by:	Date:
Interview #1 by:	Date:
Please note that a photocopy of your social security card and I completion, please return to our Human Resources at 4055 41st Av	
Completion of mailing addresses, phone numbers for resider mandatory. Please include area codes and zip codes.	nces, schools, employers and character references are
Read all questions completely. Answer all questions fully and according does not apply, mark N/A in the appropriate space. If the question process includes a background investigation, drug screening application process.	tion requires more space use the back of the page. The
THIS APPLICATION MUST BE COMPLETED E MUST BE HAND PRINTED IN BLUE OR BLAC	_
APPLICANT'S SIGNATURE	DATE

Once the interview has been completed, the applicant should call the Sheriff's Office Human Resources Section at (772) 978-6040 to schedule an appointment for processing. The applicant will be given instructions by the Human Resources staff for the fingerprinting and drug screening procedures. Once the background has been completed, the file will be forwarded to the Sheriff for approval. The applicant will then be scheduled for issuance of a photo access badge and to sign any necessary Human Resources documents. The applicant will be contacted by the appropriate supervisor to arrange for orientation, training, and assignment.



VOLUNTEER / INTERN APPLICATION

EOE/ADA Compliant

PERSONAL INFORMATION

NAME					
Last	First		Middle		Suffix
ADDRESS	· · · · · · · · · · · · · · · · · · ·				
Number	Street	City		State	Zip
Social Security Number _				DOB	
Home Phone		Ce	II Phone		
E-Mail Address					
Emergency Contact				Phone	
INA	me			FIIONE	
Are you legally eligible for	or employment in the	e U.S.?	YES	NO	
			. – – .		
	OFN	EDAL INEODI	AATION		
	GEN	ERAL INFORM	MATION		
Position/Area Desired: _					
If OTHER , please descri	be your area of intel	rest:			
		· · · · · · · · · · · · · · · · · · ·			
What days and hours ar	e vou available?				
-	-				
Days of the W	/eek:				
Hours of a Da	y:				
Describe any experience	e, training, or skills y	ou have in the	area you	desire to volu	ınteer / Intern:
					-
Describe any current an	d/or previous volunt	eer / intern acti			

Have you ever applied to this agency for any past or current position? Yes N					
If yes, what position/s did you apply for and what year did you apply?					
How did you learn of our Volunteer / Intern	program?				
**************************************	CRIMINAL HISTORY	*************			
Have you ever been arrested?:	Yes No				
If yes, state the crime(s) charges; where ar arrest (s); and, the sentences (s) imposed.		state); the month and year of the			
****************	**************************************	*************			
Do you have a Florida driver's license?					
List all other states in which you have been iss	ued a driver's license.				
Have you <u>ever</u> been arrested for DUI (aka DW If yes, enter the jurisdiction (city or county and	· · · · · · · · · · · · · · · · · · ·				
	EDUCATION				
Last School(s) Attended	Maj	or/Specialty			

Date (Month/Year)	Name and Phone No. of Employer (Include Area Code)		Position/Title	Duties / R	es / Responsibilities	
PERSONAL REFEREN	NCES: (Non re	lated and knov	vn for at least one yea	ar)		
Name	Name Email and Cell Phone			Years Known		
I certify that the info my knowledge.	rmation I hav	ve entered in	this application is	true and co	mplete to the best of	
***I understand that myself including, bu history records and	ıt not limited	to; drug scre	eening, employme	nt reference:	-	
I understand that if I deliberately false or if I am appointed to without prior notice	misleading s a Volunteer /	shall be used Intern positi	l for dismissal. I fu	urther under	stand and agree that,	
Applicant Signature				Date		