

VOLUNTEER APPLICANTS

- ◆ Directions for completing the volunteer application:
- ◆ If you are applying for an internship associated with a college or university, complete Page 3 – Internship Application Summary.
- ◆ All other applicants, complete Page 4 – Volunteer Application Summary.
- ◆ All applicants must complete pages 5 – 14.
- ◆ Jeep Unit applicants – additionally complete page 15.
- ◆ Marine Search and Rescue applicants – additionally complete page 16.

VOLUNTEER APPLICANTS

Thank you for your interest in volunteering at the Pasco Sheriff's Office.

Please complete the enclosed application, indicating your preferred areas of interest, and return it to Human Resources at the address indicated above. Human Resources is in the Sheriff's Administration Building located in the Government Center Complex off Little Road.

IMPORTANT: Processing of your application may be delayed if the following information is not included when your application is submitted to us.

1. Be sure to include a copy of your
 - a) **SOCIAL SECURITY CARD**
 - b) **CURRENT FLORIDA DRIVERS LICENSE**
 - c) **PROOF OF AUTO INSURANCE DECLARATION PAGE (Jeep and Marine Unit)**
 - d) **PHOTO RELEASE FORM**
 - e) **VOLUNTEER WAIVER (Jeep and Marine Unit)**
 - f) **VOLUNTEER APPLICATION DISQUALIFIERS FORM**
 - g) **STATEMENT OF PURPOSE FOR COLLECTION OF SOCIAL SECURITY NUMBERS**

2. Where a witness' signature is requested, be sure to sign **in front of** a witness (anyone can witness your signature).

3. Where your signature needs to be notarized, be sure you sign the application **in front of** a Notary Public.

Upon submitting your application, a Volunteer Program Coordinator will reach out to you within 2 weeks to notify you of any available opportunities and/or schedule you for an interview with a unit supervisor. Once you are matched with a unit within the Sheriff's Office and you complete your interview, your application will proceed to the background investigation. When our background investigation has been completed, which can take up to 10 days, a Volunteer Program Coordinator will contact you to finalize your assignment. If you have any questions, please feel free to call (727) 847-5878 and someone will be pleased to assist you. You may get a voice mail message when you call. If you do, please leave your name and a number where we may reach you, and someone will return your call.

Again, thank you for your interest in volunteering at the Pasco Sheriff's Office.

APPLICATION SUMMARY

Date _____

Name _____

LAST

FIRST

M.I.

Phone Number: () _____

Cell Number: () _____

Email: _____

Are you related to an employee or former employee of the Pasco Sheriff's Office? Yes No

Where you referred by a Pasco Sheriff's Office employee? Yes No

If so, please list employee's name: _____

VOLUNTEER INTERESTS:

I am interested in volunteering in the following unit(s): *Select all that apply*

- | | | |
|--|--|--|
| <input type="checkbox"/> Chaplain – Inmate | <input type="checkbox"/> Forensics – Field Work | <input type="checkbox"/> Mounted Posse |
| <input type="checkbox"/> Chaplain – PSO Member | <input type="checkbox"/> Forensics – Clerical | <input type="checkbox"/> Parking Enforcement |
| <input type="checkbox"/> Citizen's Service Unit (CSU) | <input type="checkbox"/> Human Resources | <input type="checkbox"/> Property/Evidence |
| <input type="checkbox"/> Civil Process | <input type="checkbox"/> Information Technology (I.T.) | <input type="checkbox"/> Records |
| <input type="checkbox"/> Court Information Desk | <input type="checkbox"/> Intelligence-led Policing | <input type="checkbox"/> Safety Town |
| <input type="checkbox"/> Dark House/Vacation House Check | <input type="checkbox"/> Jeep Unit | <input type="checkbox"/> Training |
| <input type="checkbox"/> Detention | <input type="checkbox"/> Legal | <input type="checkbox"/> Victim Advocates |
| <input type="checkbox"/> Economic Crimes | <input type="checkbox"/> Major Crimes | <input type="checkbox"/> Warrants |

Please identify your level of interest in the following tasks:

| | Interested | Neutral | Not Interested | | Interested | Neutral | Not Interested |
|--------------------------|--------------------------|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|--------------------------|
| Data Entry | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Driving an Agency Vehicle | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Reception/Answer Phones | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Talking on a Police Radio | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Filing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Preliminary Investigations | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Interaction with Public | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Directing Traffic | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Interaction with Inmates | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Working Outdoors | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Field Work | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Working with Computers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

I am only interested in volunteering in the following locations: *Select all that apply*

- New Port Richey Dade City Land O' Lakes
- Safety Town (SR52 / Suncoast Parkway)

Illegal Drug Use/Experimentation An applicant must **NOT** have:

1. Used, tried, possessed, or experimented with marijuana within the past 12 months prior to application. Applicants who have limited experimental use of marijuana more than one (1) year ago may be considered for employment.
2. Used, tried, tasted, experimented with or possessed any other illegal drug other than marijuana. Limited, experimental use of such substances in excess of five (5) years prior to application may be accepted at the sole discretion of the Sheriff.
3. Used, tried, tasted, experimented with or possessed any other controlled substances classified as a Schedule I, II, III or IV, or V as enumerated in Florida Statute 893.03 that was not prescribed to the applicant, with the exception of substances that are also available over-the-counter without a prescription. Limited use of such substances in excess of one (1) year prior to application may be accepted at the discretion of the Sheriff or designee.
4. Sold or delivered any illegal drug/controlled substance for compensation (monetary or other) at any time.

Arrest/Criminal History - An applicant who pleads guilty or nolo contendere (no contest) to, or is found guilty of any felony or guilty of a misdemeanor involving perjury or a false statement, is **NOT** eligible for employment even if the sentence was suspended or adjudication was withheld by the judge.

Driving History - During the three (3) years prior to application, an applicant must NOT have accumulated more than 12 points on their driver's license, or have a driving record that reflects repeated offenses and a flagrant disregard for traffic laws, as determined at the discretion of the Sheriff or designee.

During the two (2) years prior to application, an applicant must NOT have had their driver's license suspended more than once for nonpayment of insurance or traffic fines.

During the five (5) years prior to application, an applicant must NOT have had:

- ♦ Their driver's license suspended or revoked more than once for traffic violations.
- ♦ A conviction of, or pled to, "Fleeing or Attempting to Elude" a law enforcement officer.
- ♦ A conviction of, or pled to, "Driving Under the Influence".

Mutilation - Intentional mutilation of any part of the body is prohibited. Mutilation is defined as the intentional radical alteration of the body, head, face, or skin for the purpose of and/or resulting in an abnormal appearance. Examples of mutilation include, but are not limited to, a split or forked tongue; foreign objects inserted under the skin to create a design or pattern; enlarged or stretched-out holes in ears (other than a normal piercing); intentional scarring on neck, face, or scalp; or intentional burns creating a design or pattern.

Dental Ornamentation - The use of gold, platinum, or other veneers or caps for purposes of dental ornamentation is prohibited. Ornamentation is defined as decorative veneers or caps. Teeth, whether natural, capped, or veneered, will not be ornamented with designs, jewels, initials, etc.

An applicant may be disqualified at any time due to; incomplete information, untruthful, false, or disqualifying written or spoken statements, disqualifying information obtained during the background investigation.

Applicant Signature: _____

Date: _____

7. Please provide the requested information regarding your current and/or last job.

Employer Name: _____ Phone: () _____

Address: _____ Zip: _____

Date Started: _____ Full Time Part Time Title/Position: _____

Reason for Leaving: _____

8. Please list one reference who is a responsible adult of reputable standing in their communities who has known you well for the past five (5) years. DO NOT list relatives or former employers.

Name: _____ Phone: () _____

Address: _____ Zip: _____

Years Acquainted: _____ How Acquainted: _____

9. Please provide name and address of next of kin or other person to be contacted in case of emergency.

Name: _____ Phone: () _____

Address: _____ Zip: _____

Relationship: _____

10. Driver License Number: _____ State: _____

11. Have you ever been convicted of a felony? YES NO

12. Have you ever been arrested, charged or received a notice or summons to appear, convicted, pled nolo contendere or pled guilty to any criminal violation, regardless if the record was sealed or expunged? If yes, list all such matters, even if not formally charged, or not court appearance, or found not guilty, or nolo contendere to any charge for which adjudication was withheld, or matter settled by payment of fine or forfeiture of collateral. (Include juvenile record and records of your arrest(s) which have been sealed, if any). Provide details. YES NO

13. Have you ever been fingerprinted for any reason (arrest, employment application, military, etc.)? YES NO
If you answered YES to questions #11, #12, or #13, please provide details.

14. Are you now or have you ever been a member of any foreign or domestic organization, association, movement, group or combination of persons that has adopted, or shows a policy of advocating or approving the commission of acts of force or violence to deny 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

15. Do you now, or have you illegally obtained, possessed, used, tried, supplied, or sold any narcotic or controlled substance such as, but not limited to: marijuana, hashish, cocaine, LSD, amphetamines, heroin, steroid or any drug of a similar nature? YES NO If YES, please complete the following:

a. Drug: _____ b. How Taken: _____
c. Circumstances: _____
d. Number of times illegally obtained / possessed / supplied / sold: _____
e. Last date approximately used: _____

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a. Drug: _____ b. How Taken: _____
c. Circumstances: _____
d. Number of times illegally obtained / possessed / supplied / sold: _____
e. Last date approximately used: _____

Please list any additional drug(s) on a separate sheet.

FLORIDA RETIREMENT SYSTEM INFORMATION

Have you ever had previous Florida Retirement System (FRS) employment? Yes No

If yes, did you retire from an FRS employer? Yes No

If you retired, which FRS employer did you retire from? _____

If you retired, what was your FRS retirement Date? _____

Please list any social media user names/handles: _____



SHERIFF CHRIS NOCCO



Background/Skills Information

Please Print

Name: Last _____ First _____ MI _____

Phone: (Home) _____ (Cell) _____

Email: _____

Please check all the apply:

Skills

- Typing/data entry
- Filing/Clerical Work
- Microsoft Word
- Microsoft Excel
- Microsoft PowerPoint
- Microsoft Access
- Coding/Programming
- Internet/Email
- Phone/Communications

Specialties

- Security Clearances
- Law Enforcement
- Equestrian
- Clergy
- Licenses/Certificates/Certifications: (Indicate Below)

Career Background

- Law Enforcement
- Military
- Medical
- Education
- Management
- Finance
- Law/Government
- Computer/IT
- Business Ownership
- Construction
- Ministry
- Other: (Indicate Below)

Please provide any additional information you feel would be pertinent to your placement:

PERSONAL INQUIRY WAIVER
Authority for Release of Information

Applicant's Name: _____ SSN: _____ Date of Birth: _____

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

I respectfully request and authorize you to furnish the Pasco Sheriff's Office any and all information that you may have concerning my work record, school record, military record, reputation, and financial and credit status. Please include any and all medical, physical and mental records or reports including all information of a confidential or privileged nature, and photostats of same, if requested. This information is to be used to assist in determining my qualifications and fitness for the position I am seeking with the Pasco Sheriff's Office.

I hereby release you, your organization or others from any liability or damage which may result from furnishing the information requested above.

Applicant's Signature: _____ Date: _____

Address: _____
City State Zip

STATE OF FLORIDA
COUNTY OF PASCO

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this ____ day of _____, _____, by (name of person making statement) _____.

Personally known OR produced identification. Type of identification produced: _____.

Signature of Notary Public - State of Florida

Printed Name of Notary Public

Serial Number

I hereby grant the Pasco Sheriff's Office permission to use my likeness in a photograph, video, or other digital media ("photo") in any and all of its publications, including web-based publications, without payment or other consideration.

I understand and agree that all photos will become property of the Pasco Sheriff's Office and will not be returned.

I hereby irrevocably authorize the Pasco Sheriff's Office to edit, alter, copy, exhibit, publish, or distribute these photos for any lawful purpose. In addition, i waive any right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photo.

I hereby hold harmless, release, and forever discharge the Pasco Sheriff's Office from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I HAVE READ AND UNDERSTAND THE ABOVE PHOTO RELEASE. I AFFIRM THAT I AM AT LEAST 18 YEARS OF AGE, OR, IF I AM UNDER 18 YEARS OF AGE, I HAVE OBTAINED THE REQUIRED CONSENT OF MY PARENTS/GUARDIANS AS EVIDENCED BY THEIR SIGNATURES BELOW. I ACCEPT:

Printed Name

Signature

Date

If under 18, BOTH PARENTS MUST SIGN

Individually and as Parent
and / Legal Guardian

Date

Individually and as Parent
and / Legal Guardian

Date

In consideration of my assignment/position with the Pasco Sheriff's Office (hereinafter "PSO"), I understand and agree to the following:

1. For purposes of this Confidentiality Agreement, the term "Confidential Information" means all information, whether or not in writing, that PSO has not released to the general public and is not considered public record pursuant to Florida Public Records Laws, F.S. 119.07 et al. I acknowledge that, in the course of my professional responsibilities at PSO, I may have access to information, some or all of which may be confidential information, regardless of whether or not it is labeled "confidential."
2. I understand the position to which I am assigned, including any temporary assignment, may provide me access to and/or require me to work with confidential information and/or documents of the PSO, and that I am being trusted not to talk about, disclose, or misuse this information.
3. I understand and agree that confidential information may not be used or disclosed without proper authorization. If I am uncertain whether a document or particular piece of information or data is considered confidential information, I agree that I will resolve all uncertainties in favor of preserving the confidentiality of that item, and I will seek clarification from my PSO supervisor before engaging in any conduct that might jeopardize the confidentiality of that item.
4. I understand and agree that having access to PSO information does not grant me permission to seek, examine, use, transmit, share, copy, delete, or change such information to which I may have access. I also agree that I will only seek, examine, use, transmit, share, copy, delete, or change such information if such action is clearly within the proper performance of my temporary assignment responsibilities or if permission has been granted either by my PSO supervisor or his or her designee.
5. I understand and agree that I am responsible for protecting confidential information for which I have or may gain access. Except as required by my assignment/position or as directed by my PSO supervisor, I shall not, directly or indirectly use, publish, disseminate, or otherwise disclose to any third party any confidential information acquired in the course of my work activities without the prior consent of my PSO supervisor.
6. I will not describe, discuss, talk about or keep copies of any of the confidential information, materials or documents that I see, hear about, or work on in connection with my assignment/position with PSO. I will not misuse or attempt to alter any of these materials in any way. I will not leave confidential information in view for others to see while in the office and/or out of the office.
7. I understand that if I violate any provision of this Confidentiality Agreement, I may be subject to discipline, up to and including termination/dismissal from my assignment/position as permitted by PSO policy and/or any criminal penalties as provided by Florida Statute.

By signing and dating this Confidentiality Agreement below, I certify that I have read this Confidentiality Agreement; that I understand what I have read; and that I will comply with the terms of this Confidentiality Agreement.

Printed Name

Signature

Date



Pasco Sheriff's Office



STATEMENT OF PURPOSE FOR COLLECTION OF SOCIAL SECURITY NUMBERS

PSO Case No. (If applicable): _____

The Sheriff's Office collects social security numbers from individuals under certain circumstances, including, but not limited to: (1) employment applications; (2) arrestees; (3) individuals booked into the detention facility; (4) individuals required by law to register with the Sheriff's Office and required to provide social security numbers as identification; (5) citizen contacts during a consensual field interview; (6) traffic stops to verify identity of the driver and any other individuals present in the vehicle; (7) traffic citations; (8) when specifically authorized to do so by law, or when collection is imperative for the performance of the Sheriff's Office's duties and responsibilities as prescribed by law. All social security numbers collected by the Sheriff's Office are confidential and exempt from Florida's public records act. These social security numbers may be disclosed to another law enforcement agency or governmental entity if disclosure is necessary for the receiving agency or entity to perform its duties and responsibilities.

The Pasco Sheriff's Office may have collected your social security number. The purpose of collecting, and the intended use(s) of, your social security number are to facilitate, ensure or enable:

1. Accuracy in our identification of you;
2. The proper crime is charged;
3. Effectiveness in our police practices;
4. Our ability to protect the health and safety of persons; and/or
5. Participation in mandatory federal programs such as income, SS and Medicare taxation.

Collection of your social security number was (check one):

Mandatory (If we have mandated your disclosure of your social security number, we have done so under the authority of Title 42, Sec. 405 of the Tax Reform Act of 1976; or Florida Statutes Chapters 901 or 933 (relating to arrest or search warrant), Chapter 937 (missing persons), or Chapter 790 (investigations/return of firearms).

Voluntary

From a source other than you

I acknowledge that the Pasco Sheriff's Office has provided me with a copy of this written statement.

Printed Name: _____ Signature: _____

Date: _____

I, _____, understand the nature of the work for which I have volunteered. Consequently, I assume all the risks related thereto. I certify I am qualified and physically capable of accomplishing the tasks I agree to participate in including, but not limited to, search operations, emergency weather relief, ride-a-longs with a Pasco Sheriff's Office (PSO) employee, and any other volunteer assignment with the PSO.

As a volunteer, I understand I am not an agent of the PSO, nor do I receive any salary or any other compensation from the PSO.

I agree to obey, without question, the directives of any member of the PSO. I fully understand I must obey all the laws of the State of Florida, including motor vehicle laws while participating in or traveling to or from any volunteer assignment. I fully realize and appreciate the basic nature of law enforcement work and the possibility situations may arise that may result in being exposed to physical harm or serious risk of injury. I freely and voluntarily accept these risks and understand I am responsible for my own safety. I also understand the deputy sheriffs on a crime scene or other location will not avoid or disregard duties based solely on my presence.

I, on behalf of my heirs and assigns, agree to indemnify and hold harmless, release and forever discharge, the Pasco Sheriff's Office, Pasco County, and their agents, employees, members, assigns, and successors in interest for any and all claims, liability, causes of action, or damages whether caused by their negligence or otherwise by their acts or the care, maintenance or use of any facility, vehicle, aircraft, vessel, or any other equipment used in the performance of the deputy sheriff's duties or caused by my voluntary participation as a PSO volunteer. I agree to indemnify the above-listed parties from any loss, liability, damage, or cost they may incur from my volunteer services, including, but not limited to, damages or personal injuries caused by my negligence, and attorney fees and costs to defend any and all claims brought against the Pasco Sheriff's Office or Pasco County, and its agents, employees, members, assigns, and successors.

I understand this Waiver, Release, and Indemnification is intended to be as broad as permitted by law and agree that if any portion is held invalid, the remaining portions shall remain in full force and effect.

This release of liability is executed freely and voluntarily, with full knowledge and understanding of the contents included herein.

Volunteer Signature

Volunteer Printed Name

Address

Phone Number

Date of Birth

Date

I, _____, understand the nature of the work for which I have volunteered. Consequently, I assume all the risks related thereto. I certify that I am qualified and physically capable of accomplishing the tasks that I agree to participate in relative to search operations, emergency weather relief, and other situations where I may volunteer with the PSO. I assert that I have a valid driver's license and carry proper insurance on my vehicle.

I understand that it my responsibility to maintain my driver's license and vehicle insurance.

As a volunteer, I understand that I am not an agent of the Pasco Sheriff's Office, nor do I receive any salary or other compensation from the sheriff's office. I further understand that I am not entitled to Worker's Compensation for any injury suffered while participating as a Jeep Unit Volunteer and will be solely responsible for any personal, medical, or property damage expenses incurred during search operations, emergency weather relief, or other situation when participating as a Jeep Unit volunteer.

I agree to obey, without question, the directives of any member of the Pasco Sheriff's Office. I fully understand that I must obey all the laws of the State of Florida, including motor vehicle laws while participating in or traveling to or from any Jeep Unit operation.

I, on behalf of my heirs and assigns, agree to indemnify and hold harmless, release and forever discharge, the Pasco Sheriff's Office, Pasco County Government, their agents, employees, members, assigns, and successors in interest for any and all damages caused by my voluntary participation as a Jeep Unit volunteer including, but not limited to, damages or personal injuries caused by my negligence, and attorney fees and costs to defend any and all claims brought against the Pasco Sheriff's Office or the Pasco County Government, its agents, employees, members, assigns, and successors.

I agree to operate my vehicle in a careful and prudent manner while traveling to and from any Jeep Unit operations and while conducting any Jeep Unit volunteer work. I understand that I am responsible for any expenses incurred as a result of my participation as a Jeep Unit volunteer, including gasoline and any repairs to my vehicle as a result of participation while traveling to and from any Jeep Unit operation and while conducting any Jeep Unit operation.

I also freely grant the Pasco Sheriff's Office or its designee the right to investigate my criminal back-ground utilizing the information provided by me below.

This release of liability is executed freely and voluntarily, with full knowledge and understanding of the contents included herein.

Volunteer's Signature

Volunteer's Printed Name

Address

Phone Number

Date of Birth

Date

MARINE SEARCH AND RESCUE TEAM

I, _____, understand the nature of the work for which I have volunteered. Consequently, I assume all the risks related thereto. I certify that I am qualified and physically capable of accomplishing the tasks that I agree to participate in relative to search operations.

As a volunteer, I understand that I am not an agent of the Pasco Sheriff's Office, nor do I receive any salary or other compensation from the sheriff's office. I further understand that I am not entitled to Worker's Compensation for any injury suffered while participating in search operations and will be solely responsible for any medical expenses incurred during search operations.

I agree to obey, without question, the directives of any member of the Pasco Sheriff's Office.

I do hereby hold harmless, release and forever discharge the Pasco Sheriff's Office, the Pasco County Government, their employees, agents, successors and assigns from any and all liability, suits, damage, injury, loss, claims, demands, and actions of any kind and nature, arising from or in any way relating to my voluntary participation with the Pasco Sheriff's Office in search operations including travel to and from such operations. I fully understand that I must obey all the laws of the State of Florida, including motor vehicle laws and navigational laws while participating in or traveling to or from any search and rescue operations.

I agree to operate my vessel in a careful and prudent manner while traveling to and from any search and rescue operations and while conducting any search and rescue operations. I understand that I am responsible for any expenses incurred as a result of my participation in search and rescue operations, including gasoline and any repairs to my vessel as a result of participation while traveling to and from any search and rescue operations and while conducting any search and rescue operations.

I also freely grant the Pasco Sheriff's Office or its designee the right to investigate my criminal background utilizing the information provided by me below.

This release of liability is executed freely and voluntarily, with full knowledge and understanding of the contents included herein.

Volunteer's Signature

Volunteer's Printed Name

Address

Phone Number

Date of Birth

Date