



VOLUNTEER APPLICATION

POLK COUNTY SHERIFF'S OFFICE

Toll Free: (800) 226-0344, ext 6682

Website: <http://polksheriff.org>

Name _____
Last First Middle

Local Address _____
Street Apt. No. City State Zip Code

Home Phone () Business Phone ()

Place of Employment _____

Address _____
Street Apt. No. City State Zip Code

Community Name/Subdivision Name _____

Other Names Used (list chronologically)

Full Name	Dates Used	Reason for Change
_____	_____	_____

Date of Birth MM / DD / YY Place of Birth City County State

Social Security Number _____ U.S. Citizen Yes No

Have you ever been convicted of a crime? Yes No
If yes, list charge, date, place, and disposition _____

Education Level _____
Special Skills, Abilities, or Interests _____

Yes, I would like to subscribe to the Polk County Sheriff's Office free monthly e-newsletter.

Please print e-mail address

Occupational License(s), Degrees, Teaching Certificates _____

Driver License Number _____

Driver License State _____

What duties would you be interested in performing? _____

Availability for volunteer work:

How often _____ Daytime hours _____ Evening hours _____

When will you be available to start: _____

EMERGENCY INFORMATION

Please provide name, address, and telephone number of person to contact in case of emergency:

Name _____ Relationship _____ Telephone () _____

Address: _____
Street Apt. No. City State Zip Code

In the event of injury requiring medical attention, if permission cannot readily be obtained from my emergency contact or myself, I hereby authorize the Polk County Sheriff's Office to provide such permission for medical treatment.

Volunteer Signature _____ Date ____ / ____ / ____

Completed applications may be hand-delivered or mailed to:

**Volunteer Services
Polk County Sheriff's Office
1891 Jim Keene Blvd.
Winter Haven, FL 33880
(863) 298-6682**

RELEASE

I, _____, for myself, my heirs, executors and administrators, waive and release any and all rights and claims or damages I may have against the Polk County Sheriff's Office, its affiliates, officers, agents, employees, and contractors and their representatives and any and all claims of damages, demands, actions whatsoever in any manner, as a result of my participation as a Volunteer with the Polk County Sheriff's Office. I hereby release and indemnify those parties from any claims for acts of negligence on my part or those affiliated with me. I have read the above release and I understand and agree to the terms.

Signature of Volunteer

Date

NOTIFICATION

COLLECTION AND USE OF SOCIAL SECURITY NUMBERS

In accordance with the Open Government Sunset Review Act, amending Section 119.071, Florida Statutes, the Social Security Number you are providing on this application will be used for the exclusive purposes of conducting a criminal background investigation; gathering and verifying information provided by you to ensure positive identification; and satisfying requirements for payroll, benefits, and medical leave provided by the Polk County Sheriff's Office. Your Social Security Number will also be submitted to the Internal Revenue Service for tax reporting purposes.

ACKNOWLEDGEMENT: I _____, do solemnly attest that I have read and understand the above Waiver and Notice for use of my Social Security Number as set forth above.

Applicant's Signature

Date

Witness