



PINELLAS PARK POLICE DEPARTMENT



VOLUNTEER IN POLICE SERVICE UNIT

VOLUNTEER APPLICATION

NAME: _____ SOC.SEC.# _____

ADDRESS: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ EMAIL: _____

AGE: _____ DATE OF BIRTH: _____

FLORIDA DRIVERS LICENSE #: _____

CURRENT OR LAST PLACE OF EMPLOYMENT: _____

JOB RESPONSIBILITIES: _____

DO YOU HAVE SPECIAL SKILLS THAT MAY BE VALUABLE TO THE AGENCY? IF YES PLEASE LIST: _____

ARE YOU CURRENTLY OR HAVE YOU PREVIOUSLY VOLUNTEERED FOR ANOTHER LAW ENFORCEMENT AGENCY? IF YES, WHERE? _____

DO YOU CURRENTLY WORK OR RESIDE WITHIN THE CITY LIMITS OF PINELLAS PARK? _____

ARE YOU AUTHORIZED TO LIVE IN THE U.S.? _____

HAVE YOU EVER BEEN ARRESTED FOR ANY CRIMINAL OFFENSE? YES _____ NO _____
IF YES PLEASE EXPLAIN: _____

HAVE YOU SERVED IN THE ARMED FORCES OF THE UNITED STATES? _____

WHAT BRANCH AND WHAT DATES DID YOU SERVE? _____

DID YOU RECEIVE AN HONORABLE DISCHARGE? _____

ARE YOU A GRADUATE OF THE PINELLAS PARK CITIZENS POLICE ACADEMY? _____
IF YES, WHEN DID YOU GRAUATE? _____

HAVE YOU TRIED OR EXPERIMENTED WITH MARIJUANA WITHIN THE PAST 12 MONTHS?





HAVE YOU TRIED OR EXPERIMENTED WITH ANY OTHER DRUG CLASSIFIED AS A CONTROLLED SUBSTANCE, OR ANY OTHER ILLEGAL DRUGS WHILE NOT UNDER THE CARE OF A PHYSICIAN IN THE PAST FIVE (5) YEARS? _____

HAVE YOU ABUSED PRESCRIPTION MEDICATION WITHIN THE PAST FIVE (5) YEARS? _____

HAVE YOU EVER SOLD, OFFERED TO SELL, INDUCED OR ATTEMPTED TO INDUCE ANOTHER PERSON IN THE USE OF ILLEGAL DRUGS? _____

DO YOU ABUSE OR MISUSE ALCOHOL? _____

APPLICANTS WHO ARE FOUND TO HAVE COMMITTED ANY SERIOUS UNDETECTED CRIME MAY BE EXCLUDED FROM CONSIDERATION EVEN THOUGH NO ARREST OR CHARGE WAS EVER MADE.

APPLICANTS WHO ARE FOUND TO HAVE INTENTIONALLY FALSIFIED OR OMITTED ANY INFORMATION FROM THIS APPLICATION OR OTHER AGENCY PAPERWORK WILL BE DISQUALIFIED FROM FURTHER CONSIDERATION.

ALL APPLICANTS WILL BE REQUIRED TO HAVE THEIR PHYSICIAN COMPLETE A VOLUNTEER HEALTH CERTIFICATE FORM PRIOR TO BEGINNING VOLUNTEER SERVICE WITH THE CITY OF PINELLAS PARK.

AUTHORIZATION FOR RELEASE OF RECORDS:

I ATTEST THAT ALL THE INFORMATION PROVIDED IN THIS APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE. I FURTHER HEREBY AUTHORIZE AN AGENT FROM THE PINELLAS PARK POLICE DEPARTMENT TO VERIFY ANY INFORMATION PROVIDED ON THIS APPLICATION INCLUDING INSPECTION OF CRIMINAL AND MOTOR VEHICLE RECORDS.

I UNDERSTAND THAT RECORDS ESTABLISHED AND MAINTAINED BY THE PINELLAS PARK POLICE DEPARTMENT MAY BE CLASSIFIED AS PUBLIC RECORDS AND MAY BE RELEASED TO PARTIES REQUESTING THEM. AS AN APPLICANT FOR A VOLUNTEER POSITION WITH THE PINELLAS PARK POLICE DEPARTMENT, I HEREBY EXPRESSLY RELEASE THE CITY OF PINELLAS PARK AND THE PINELLAS APRK POLICE DEPARTMENT ALONG WITH THEIR MEMBERS AND EMPLOYEES FROM ANY LIABILITY OR DAMAGES WHICH MAY RESULT FROM THE RELEASE OF ANY RECORD PERTAINING TO MY APPLICATION OR VOLUNTEER SERVICE.

I FURTHER UNDERSTAND THAT THIS APPLICATION IS FOR A VOLUNTEER POSITION FOR WHICH I WILL NOT BE COMPENSATED AND THAT PARTICIPATION AS A VOLUNTEER SHALL NOT GUARANTEE A JOB INTERVIEW OR JOB OFFER WITH THE CITY OF PINELLAS PARK.

(SIGNATURE OF APPLICANT)

(DATE)

