

## Collier County Sheriff's Office, Kevin J. Rambosk, Sheriff

## **Application to Volunteer**

The Collier County Sheriff's Office is an equal Opportunity Employer. We consider applicants for all positions without regard to race, color, national origin, sex, age, physical disability, religion or any other legally protected status.

Please type or print legibly in ink. All questions must be answered.

Position Requested – list in o	order of preference (descr	iptions may be viewed on line o	r obtained thru Human Resources):
1)	2)	3	3)
Name (Last):		(First):	(MI):
			/ Sex: Race:
			State: Zip:
			)
		ack of form or attachment if nec	vestigative Support position include ressary):
Are you a Full-time Collier C	ounty Resident? Yes	No FL Drivers license #:	
Are you currently employed		contact your employer for a refe	
		etired?	
		g the last 10 years. If applying fo	r Youth Programs, Chaplain, or of form or attachment if necessary):
Employer Name	Address & Telephone No.	Job Title & Dates of Employmen	Reason for Leaving

Do you have any prior law enforcement If yes list agency, dates, and type	· · · · · · · · · · · · · · · · · · ·
	ce? Yes No Honorable discharge? Yes No
	(Please supply a copy of your discharge certificate.)
Do you have any family members emplo	byed, past or present, by the Collier County Sheriff's Office? Yes No
Have you ever been arrested (including	juvenile, expunged and/or sealed records)?
Charge:	Arresting Agency:
Court:	Disposition:
Provide addendum for additional arr	rests.
Aside from any substance abuse for whi	ich you have undergone treatment, have you used or experimented with
any controlled substance? Yes	No Explain:
	al narcotic or controlled substance?
=	Youth Services, Chaplain or Investigative Support position please provide an ences that you have known for more than (2) years. Include contact information.
Attach the following documents:	
<ol> <li>A copy of birth certificate <u>re</u></li> <li>A copy of my official social s</li> </ol>	
3. A copy of my driver's license	•
<ol><li>A copy of all name change d adoption papers, etc).</li></ol>	documents, <u>required if applicable</u> (i.e. marriage certificate, divorce decree,
	tificate or authorization to work in the U.S., required if applicable.
6. A copy of all DD214s issued	showing character of service, <u>required if applicable</u> .
purposes: collection of information rela	llects your Social Security number which may be used for any of the following ated to background investigations, to include fingerprints, NCIC/FCIC checks, Credit byment, local and state records checks, clarification for duplicate names, and Initial here
	ntion I agree that the information I have provided is true. In will be conducted and if any information provided is false, I will be disqualified and iff's Office Volunteer Program.
Signature	